Bedford Rifle and 1577 Lynchburg- Bedford, VA 245 Membership App	Salem Turnpi 23		ed	
(Please print clea				
	Las	st	First	Middle DOB:
Address:City	/	State	Zip Code	
Home Phone:		Ce	Il phone	
E-Mail				
Residing Family	Members:			
Emergency Notif				
Phone:		me & relation	of Contact	
Sponsored by:	Spo	onsor name		
Have you ever be misdemeanor?	een convicted		r a domestic vio	lence
Do you have cha firearm?	rges pending	which would	prevent you fro	m lawfully possessing a
If yes, please exp Why do you wish				
What attributes/s	kills do you p	osses that wil	l be of benefit to	o the organization?
I fully understand and that I may be	•			res approval of its members Initial
I understand that my application.	any misinforr	nation made	on this applicati	on may result in a denial of Initial

Initial\_\_\_\_\_

I agree to abide by the by-laws and regulations of the club and that any infractions may result in the termination of my membership.

I understand that when my application for membership is approved, my initial membership is probationary for six months. If no safety related or disciplinary issues have been caused by me in that period, as determined by the Club's Board of Directors, then my membership shall become fully accepted.

I agree to adhere to the following pledge:

I certify that I am a citizen of the United Stated of America. That I am not a member of any organization or group having as its purpose or one of its purposes, the overthrow by force or violence the Government of the United States or of any of its political subdivisions. That I have never been convicted of a crime of violence and that if admitted to membership, I would fulfill the obligations of good sportsmanship and good citizenship.

Initial\_\_\_\_\_

I certify that the above information is complete and true.

Applicant's Signature:	Date:			
*Required Participation: 1. Participate in two shooting events from different d	lisciplines:			
Range Officer's Signature:	Date:			
Range Officer's Signature:	Date:			
2. Attend 2 scheduled membership meetings with sponsor:				
Secretary's Signature:	Date:			
Secretary's Signature:	Date:			
3. Sponsor Signature:	Date:			
Sponsor Signature:	Date:			
4. Executive Range Officer Signature:				