

Black Swamp Rifle & Pistol Club

P.O. Box 271, Delphos, OH 45833

Membership Application

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Spouse's Name: _____

Children Under 18 Years, Names and Ages:

What are your primary shooting interests? Rifle Pistol Muzzleloader Other

Are you an American Citizen? Yes No

Are you an NRA member? Yes No

Are you lawfully eligible to purchase a registered firearm? Yes No

I attest that the above information is correct to the best of my knowledge, and acknowledge that I have received and read the Black Swamp Rifle & Pistol Club range rules and responsibilities and hereby agree to abide by them.

Your Signature: _____ Date: _____

Dues are \$40.00 annually. Please enclose your check or money order with this application and mail it to the address given at the top of this form. Renewals are due each January and the lock combination will be changed each February. Your membership card will show the gate combination in the upper right-hand corner.