



**APPLICANT INFORMATION**

First Name:		Last Name:	
Date of birth:	Email:	Phone:	
Current address:		City:	
State:	Zip:	Drivers License#	DL Expiration:
LTCH #:	LTCH Expiration:	NRA#:	NRA Expiration:
Military Service: <input type="checkbox"/> N/A <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> USAF <input type="checkbox"/> USMC		Service Dates:	Rank:

**EMPLOYMENT INFORMATION**

Current employer:		Occupation:	
Employer address:			How long?
City:	State:	Zip code:	
Work Phone:	Work Email:	Fax:	

**EMERGENCY CONTACT**

Name:	Relationship:	Phone:
-------	---------------	--------

**REFERRED BY**

Name:	Member #, if known:
-------	---------------------

**SPOUSE INFORMATION (IF JOINT MEMBERSHIP)**

First Name:		Last Name:	
Date of birth:	Email:	Phone:	

**REFERENCE (KNOWN 4 YEARS OR MORE)**

Name	Address	Phone

**CHILDREN (IF FAMILY MEMBERSHIP PRIVILEGES DESIRED)**

Name	Name
Name	Name

**INTERESTS**

ARCHERY  BLACKPOWDER  IDPA  IPSC  PISTOL  RELOADING  RIFLE  SHOTGUN  USPSA

**SIGNATURES AND DISCLOSURES**

I authorize the verification of the information provided on this form. I certify that I have read, or had explained in detail, the basic provisions of the US Constitution, the HCFG By-laws, Range Rules, Release of Liability and Safety Rules. I agree to hold Hamilton County Fish & Game (HCFG), its Board of Directors and members harmless and indemnify them from any legal action resulting from the use of the club by me, my family members or any of my invited guests. I hereby swear that all information that I have provided on this form is both truthful and accurate. Furthermore, I swear and affirm that I am legally entitled to possess a firearm in the state of Indiana and have not been convicted of a felony. I understand that prior to my membership application being considered, the club may make my name, address, background and employment known to the general membership for consideration and comment. I further understand that my membership, if granted, is subject to the strict adherence by myself and all invited guests to the HCFG by-laws/rules/procedures and may be terminated by the board of directors at any time.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date:
Signature of sponsoring board member:	Date:

**Club use only:**  Meeting1  Meeting2  Club Event  Safety Briefing  Work Detail  Dues paid