

Membership Application Braintree Rifle & Pistol Club, Inc.



On-Line Application

Requirement For Membership

Applicants for Senior Membership must be 18 years of age or older, a citizen of the United States, possess a **valid** Massachusetts License to Carry a Firearm (**LTC**) and/or a Firearms Identification Card (**FID**) and be of good moral character.

Application Procedure

Fill out this on-line application completely. When you are finished click on the print button at the end of the second page. You may take the printed application and turn it in at the club, or mail to P.O. Box 850024, Braintree, MA 02185-0024. A third option is to bring it with you to the new member's seminar. All new members must attend an Orientation Seminar that is typically held each month on 2nd Sunday morning. Prior to participation in a seminar, the applicant shall be required to show proof of a **valid** Massachusetts License to Carry a Firearm (**LTC**) and/or a Firearms Identification Card (**FID**). The initiation fee and dues will be paid on the day of the class. Applicants will be notified by phone or mail when they have been scheduled for a seminar. **You must attend a seminar to become a member.**

Last Name:	<input type="text"/>	Office Use Only		
First Name:	<input type="text"/>	Middle Init: <input type="text"/>		
Address:	<input type="text"/>	Reviewed by: _____ Date: _____ Attended Seminar on _____ Paid \$ _____ Received by: _____ Badge #: _____		
City:	<input type="text"/>	Zip Code: <input type="text"/>	Email Address: <input type="text"/>	
Home Phone:	<input type="text"/>	Bus. Phone: <input type="text"/>	Sex: <input type="checkbox"/>	Marital Status: <input type="checkbox"/>
Date of Birth	<input type="text"/>			

Mass FID #	<input type="text"/>	Expiration Date:	<input type="text"/>
Mass License to Carry #	<input type="text"/>	Expiration Date:	<input type="text"/>
Checked By:	<input type="text"/>	Date:	/ /

How long have you lived at the above address?	<input type="text"/>		
Previous Address?	<input type="text"/>		
Occupation:	<input type="text"/>		
Current Employer	<input type="text"/>	How long there	<input type="text"/>

Current Employer's Address

Previous employer within past five years

Previous employer address

Are you a member of the NRA: Membership # GOAL

List all organizations of which you are or have been a member

Have you ever been suspended or expelled from any club? (Yes or No)

If so, for what reason(s)?

Have you ever been a defendant in a criminal court action? (Yes or No)

If so, for what reason?

Have you ever been arrested? (Yes or No) Date of Offense?

If so, for what reason?

Outcome of Court Action?

Do you have any physical or mental disability? (Yes or No)

If Yes, please specify:

How long have you handled firearms?

Are you a US Citizen? Have you had military service? Branch of Service:

Date of Service? From To: Type of Discharge?

References (List three, No relatives - Club Members preferred)

Name: Address: Telephone:

Name: Address: Telephone:

Name: Address: Telephone:

The facts set forth in my application for membership in the Braintree Rifle & Pistol Club, Inc. are true and complete. I understand that if I falsify any of the above statements on this application, it is sufficient for denial of membership or dismissal.

**(Signature of Senior Member Applicant)* Bring Application to meeting with you.
Don't forget to reserve a seat at the next New Members meeting**

DATE _____