

PLEASE ENCLOSE A SELF-ADDRESSED, STAMPED ENVELOPE FOR RETURN OF YOUR MEMBERSHIP CARD

OLD SARATOGA MUZZLELOADING CLUB, INC.
POB 204
SCHUYLERVILLE, NY 12871

MEMBERSHIP APPLICATION

January 1 – December 31, _____

____ New Member
____ Renewal - Last Membership Year _____

Name _____ Phone () _____
Last First MI

Address _____ Birth date _____

City _____ State _____ Zip _____

e-mail address _____

Occupation _____

NMLRA Member Number _____ Expires _____

NRA Member Number _____ Expires _____

MEMBERSHIPS AVAILABLE (Circle one)

Individual – Dues \$35

Family - Dues \$45 (Limited to spouse and children of member under age 18 and living at same address)

Spouse's name _____

Child's name _____ Birth date _____

Child's name _____ Birth date _____

Child's name _____ Birth date _____

This is to signify that I have read the OSMLC Rules and Safety Regulations on the back and agree to abide by the same. I also understand that I am joining the OSMLC to participate in the Club's black powder shooting events and activities.

Signature _____ Date _____

First-time Applicants Only: Sponsor's Name _____ OSMLC Member

Names of other sporting clubs or organizations that you belong to _____

New Applicants must be approved by interview of the Executive Committee.

Club Use Only: New Membership approved by 3 of 5 Executive Committee Members:

____ President Secretary/Treasurer Executive Officer
____ Vice President Chief Range Officer

Date of Executive Committee Interview _____ Date Card Issued _____

Revised 10/07 Date Computer Entered _____