

TO BE COMPLETED BY INSTRUCTOR

Safety Course Date \_\_\_\_\_ Instructor \_\_\_\_\_

Probationary End Date \_\_\_\_\_ Fee Paid - Yes \_\_\_\_\_

**REFERENCES**

1:-

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone# \_\_\_\_\_

Shooting Club (if known) \_\_\_\_\_

2:-

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone# \_\_\_\_\_

Shooting Club (if known) \_\_\_\_\_

Have you ever suffered any mental illness and/or drug or alcohol abuse?

Yes \_\_\_\_\_ NO \_\_\_\_\_

Have you any physical limitation? Yes \_\_\_\_\_ NO \_\_\_\_\_

Have you previously applied to the N.F.R.C. for membership Yes \_\_\_ No \_\_\_

I hereby make application for membership in the Niagara Falls Revolver Club Inc., and agree to all of the rules and regulations of the club. I agree not to hold the club, or any of its members, responsible for any accident that may happen to me while in attendance at the club or shooting at the club range or at any other range where completion matches are being conducted.

I hereby give the N.F.R.C. Inc. permission to investigate any and all information regarding this application. I certify that all information contained in this application is accurate and truthful.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_