



# MEMBERSHIP APPLICATION

**New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ No. of Children \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Sponsoring Club Member: \_\_\_\_\_

Reason for applying for membership: \_\_\_\_\_

Current NRA Membership Number; \_\_\_\_\_

*--If you are NOT a current member of the National Rifle Association, you MUST apply and present NRA membership number/card prior to being voted as a member.*

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\_\_\_\_\_ I request to hold a **WORKING MEMBERSHIP** - my duties have been explained to me.

*--- Working members agree to work at the Papillion Gun Club a total of 20 hours per year including a total of 10 hours at club sponsored shoots and 10 hours as assigned by the officers. (Hours are prorated for 1<sup>st</sup> year). Failure to complete the required hours during the membership year will result in the following year's membership fee to increase in the amount of \$5 per hour for every hour less than required.*

**OR**

\_\_\_\_\_ I request to hold a **NON-WORKING MEMBERSHIP** - my duties have been explained.

*--- Non- Working members are exempt from assigned work requirements, but are encouraged to help at any time.*

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**FEES and if applicable, WORK HOURS will be pro-rated for the initial membership year.**

Qtr Joined	WORKING MEMBERSHIP	NON-WORKING MEMBERSHIP
1 <sup>st</sup> Qtr.	INITIAL= \$75.00 Work 20 hrs RENEWAL= \$50.00 & 20 hrs	INITIAL= \$175.00 RENEWAL= \$150.00
2 <sup>nd</sup> Qtr.	INITIAL= \$62.50 Work 15 hrs RENEWAL= \$50.00 & 20 hrs	INITIAL= \$137.50 RENEWAL= \$150.00
3 <sup>rd</sup> Qtr	INITIAL= \$50.00 Work 10 hrs RENEWAL= \$50.00 & 20 hrs	INITIAL= \$100.00 RENEWAL= \$150.00
4 <sup>th</sup> Qtr	INITIAL= \$37.50 Work 5 hrs RENEWAL= \$50.00 & 20 hrs	INITIAL= \$ 62.50 RENEWAL= \$150.00

Please sign below – Signature indicates that you understand the requirements associated with the type of membership selected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

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Mail this application with applicable check (initial or renewal) to:  
Mr. Bob Olson – 16810 South 87<sup>th</sup> Street – Papillion, NE 68046