



Rhode Island Revolver and Rifle Association, Inc.

P.O. Box 10177
Cranston, RI 02910
Tel: 401-680-0798



MEMBERSHIP APPLICATION

Mission Statement

The purpose of the Rhode Island Revolver and Rifle Association shall be:

To promote and encourage all phases of shooting sports within the State of Rhode Island.

To foster a climate within the State of Rhode Island which encourages ownership and legal use of all legal types of firearms by the law-abiding citizens of the state.

To encourage and promote legislation to preserve the legal ownership and use of firearms for all law abiding citizens of the State of Rhode Island.

To encourage and promote firearm safety and education within the State of Rhode Island.

To conduct contests of marksmanship with firearms.

Please print legibly and complete all information:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email address: _____

I certify that I am a citizen of, or lawful resident alien, in The United States. I am not a member of any organization which has as any part of its program to change the government of the United States by unlawful or unconstitutional means. If admitted to membership, I will fulfill the obligation of good sportsmanship and support and further the purposes of the Association. I further certify that I am aware of the potential for hazard associated with my voluntary participation in the shooting activities of the Association.

Signature: _____

Are you a member of the National Rifle Association?

Yes ___ No ___ NRA Membership # _____

If you are a member of any other RI Gun or Sports Club, please list below:

Any other shooting sports or wildlife organizations, please list below:

Any other organization, i.e., civic, political, etc., please list below:

Please check membership desired.

Adult New member _____ \$25.00 Adult Renewal _____ \$25.00

Junior Membership _____ \$5.00 Life Membership _____ \$500.00

RIRRAI Cloth Patch Qty _____ \$5.00 each Total: \$ _____

Please make check payable to Rhode Island Revolver & Rifle Association and mail to:
RIRRAI, P.O. Box 10177, Cranston, RI 02910

SHOOTING INTERESTS: Place "R" for Rifle, "P" for Pistol and "S" for Shotgun in spaces provided.

Antiques _____ Collecting _____ Competition _____
Blackpowder _____ Dealer _____ Defense _____
Gunsmith _____ Hunting _____ Reloading _____
Target Practice _____ High Power _____ Smallbore _____
Skeet _____ Trap _____ Other _____

ORGANIZATIONAL INTERESTS: Please list the areas where you could help the Association:

_____ Raising Money _____ Public Relations
_____ Legislative Work _____ Public Speaking
_____ Planning Events _____ Club Activities
_____ Recruiting Members _____ Research
_____ Internal Communications

How would you prefer to be contacted to help in these areas:

Email or Phone: _____

Do you have any NRA Credentials, i.e. RSO, CRSO, Instructor, etc.? If so please list:

Are you willing to be contacted for upcoming events? Yes ___ No ___

If yes, please list best way to contact you: _____

For office use only:

Date received: _____ Check # _____ Deposit: _____ Amount Received: _____ Date Card Issued _____ Year _____