



MEMBERSHIP RENEWAL

HOLYOKE REVOLVER CLUB, INC.

P.O.Box 501, Thorndike, MA 01079

www.holyokerevolverclub.com

****Please Fill Out One Form For Each Member and Print Clearly****

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. No.: _____ E-Mail: _____

Occupation: _____ Employer: _____

Date of Birth: _____

Please Circle All That Apply

Firearms ID Card - Y N

License to Carry - Y N

NRA Member - Y N

GOAL Member - Y N

Have you been a member of this club within the last three (3) years? Y N

What was the last year you were a member? _____

What is the full expiration date of your L.T.C? _____ (mm/dd/yyyy) (Required)

***** Check Membership Desired *****

Membership: ___ Annual (\$120.00) ___ Spouse (\$60.00) ___ Over 65* (\$60.00) ___ Junior (\$0.00)

As a member, I will abide by the by-laws and regulations of the Holyoke Revolver Club. I will also abide by the current visitor policy. Visitors may accompany a club member to the property, but neither party may shoot or handle firearms. Visitors may observe regularly scheduled events. I release from liability and responsibility the Holyoke Revolver Club, its Board of Directors, and its membership.

*Based on age as of January 1st.

Are you available to volunteer some of your time to help your club? _____ YES _____ NO

Reminder: Ammunition with STEEL or BI-METAL bullets of any brand are prohibited on the indoor range.

_____ (Please Initial) *Waiver of Bylaw article III – Notice of special meeting as allowed by section 1, article III: I hereby waive my written notification requirement for announcement of special meetings. E-Mail notification will be satisfactory.*

Your Signature _____ Date: _____

A Great American Heritage to “Keep and Bear Arms”, May It Reign Forever.