

# Membership Application

Full name: \_\_\_\_\_

Email Address \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone No. Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth \_\_\_\_\_

NMLRA No. (if a member) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Minor Children Names and Ages: \_\_\_\_\_

US Citizen ? \_\_\_\_\_

Have you ever been arrested or charged with a crime ? \_\_\_\_\_

Have you ever been convicted of a felony or a crime involving a firearm ? \_\_\_\_\_

Have you ever been adjudicated to be insane, alcoholic, or an illegal user of drugs, narcotics or controlled substances, as defined by Florida Statutes ? \_\_\_\_\_

Have you had training or previous experience in the safe use of a firearm, as defined in Florida Statute 790.001(6)? \_\_\_\_\_

List any firearm certifications that you have. \_\_\_\_\_

What types of muzzleloading, historical or primitive events are you interested in ?

Pistol \_\_\_\_\_ Rifle \_\_\_\_\_ Smoothbore \_\_\_\_\_ Knife \_\_\_\_\_

Tomahawk \_\_\_\_\_ Camping \_\_\_\_\_ Archery \_\_\_\_\_ Cooking \_\_\_\_\_

Crafts \_\_\_\_\_ Other \_\_\_\_\_

Jefferson Longrifles, P.O. Box 21348 Tallahassee, FL 32316

January, 2011