

ONEIDA RIFLE CLUB, INC.
P.O. Box 411
ONEIDA, NEW YORK 13421
PHONE: (315) 363-0249

MEMBERSHIP INFORMATION

- a) The appended application for membership must be filled out completely and be submitted by your sponsor at any Regular Oneida Rifle Club meeting (held on the second Monday of each month at 7:30 pm).

- b) The initiation fee or the approved percentage of the initiation fee (50%) must accompany the application. The proportionate dues and insurance assessments plus the remaining initiation fee must be paid upon receipt of notice of your acceptance into the Oneida Rifle Club.

- c) Your Sponsor must be a Club Member, in good standing.

- d) You must attend the monthly business meeting of the club when this application is submitted for proposal to the membership.

- e) You must attend at least three (3) club events after your application has been submitted; see the attached Club Event Signature Sheet. Your Sponsor cannot sign the Club Event Signature Sheet.

- f) You will not attend the monthly meeting when this application is voted on by the membership. You will be notified as to the result of the ballot.

- g) You will be on probation for a period of one (1) year, starting from the date of your acceptance into the Club. During this period your membership may be revoked if so deemed by the Board of Directors and so voted by the Club Members at a regular Monthly Meeting.

<u>FEES/DUES</u>	<u>REGULAR</u>	<u>ASSOCIATE</u>
INITIATION FEE	\$100.00	_____
ANNUAL DUES	\$50.00	\$25.00
REINSTATEMENT	\$50.00	\$25.00

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**CLUB EVENT
SIGNATURE SHEET**

You are required to attend three Club Events, before your application is voted on. At least one of these Events will require your participation as a shooter. In case no activities are offered within this time period, you must shoot under the supervision and observation of your Sponsor and another Club Member.

Mail this signature sheet to the above address after obtaining the required signatures.

Applicant's Name _____

Sponsored By _____

Event	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Date Application was Submitted: _____

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MEMBERSHIP APPLICATION

(PLEASE PRINT OR TYPE)

Check the Proper Box: New Member Reinstatement Associate

NAME: Mr. Mrs. Ms. _____
ADDRESS: _____
CITY: _____ STATE: _____ COUNTY: _____ ZIP: _____
PHONE: _____ DATE OF BIRTH: _____
OCCUPATION: _____ EMPLOYER: _____
EMPLOYER ADDRESS: _____ PHONE: _____

SOCIAL SECURITY NUMBER _____
NRA MEMBER? _____ LIFE/ANNUAL _____ NRA NUMBER _____
NEW YORK RIFLE AND PISTOL ASSOCIATION MEMBER? _____ LIFE/ANNUAL _____
OTHER SHOOTING OR SPORTSMENS CLUBS YOU ARE A MEMBER OF _____

DO YOU POSSESS A CURRENTLY VALID NEW YORK STATE PISTOL PERMIT? _____
COUNTY OF ISSUE _____ DATED _____ PERMIT # _____
DOES YOUR PERMIT CONTAIN ANY RESTRICTIONS? _____

ENDORSEMENTS

NAME OF SPONSOR (CLUB MEMBER) _____

REFERENCE #1: NAME _____
 ADDRESS _____
 CITY/STATE _____ ZIP _____
 PHONE NUMBER _____

REFERENCE #2: NAME _____
 ADDRESS _____
 CITY/STATE _____ ZIP _____
 PHONE NUMBER _____

- I understand that some type of background check may be made of the Applicant prior to the granting of membership.
- If accepted to membership, I agree to abide by all club rules and by-laws.

I CERTIFY THAT I AM A CITIZEN OF THE UNITED STATES; THAT I DO NOT PERSONALLY OR THROUGH ANY AFFILIATION WITH ANY ORGANIZATION, ADVOCATE OR ATTEMPT TO OVERTHROW THE GOVERNMENT OF THE UNITED STATES BY FORCE OR VIOLENCE; AND THAT ADMITTED TO MEMBERSHIP, I WILL FULFILL THE OBLIGATIONS OF GOOD SPORTSMANSHIP AND GOOD CITIZENSHIP.

SIGNATURE: _____ DATE: _____

(ANSWER ALL THE QUESTIONS ON THE BACK SIDE OF THIS FORM)

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH A "YES" OR "NO" ANSWER

1. Are you under indictment or information* in any court for a crime punishable by imprisonment for a term exceeding one year? (* a formal accusation of a crime made by a prosecuting attorney, as distinguished from an indictment presented by a Grand Jury.) _____
2. Have you ever been convicted of a felony? _____
3. Are you an unlawful user of, or addicted to marijuana, any depressant, stimulant, narcotic drug, or any other controlled substance? _____
4. Have you ever been discharged from the Armed Forces under dishonorable conditions? _____
If yes, explain: _____

5. Are you a person who, having been a citizen of the United States, has renounced his/her citizenship? _____

I certify that the answers to the above questions are true and correct. I also understand that making any false oral or written statement, or the exhibiting of any false or misrepresented information for the reason of joining this club will be sufficient grounds for refusing this application for membership, or dismissal of said member at a later date.

SIGNATURE _____ DATE _____

Date Proposed for Membership: _____

Date Sponsor and References Checked: _____

Date of Background Check (if any): _____

Date Voted On: _____

Accepted: (yes / no): _____

Termination of Membership Date: _____

Reason for Termination: _____

