

SALEM RIFLE AND PISTOL CLUB

Membership Application

NAME (print): John Carlisle Date of Birth: 06/14/1955
Address: 220 Jacobs Run Rd. Salem WV 26426
Preferred Phone: 301 616 0883 Email: jaccnmt@icloud.com
Shooting Interests: Rifles, Pistols NRA # (if member): _____
NRA Certified Instructor: Yes ___ No ___ If so, discipline: _____
Special Skills (e.g., carpenter, mechanic, welder, etc): Retired

1. I hereby apply for membership to the Salem Rifle and Pistol Club.
2. I certify that I am not prohibited by state or federal law from owning or possessing firearms.
3. By making this application I understand and agree that, if selected:
 - a. I am responsible for reading, understanding, and applying relevant portions of the Standard Operating Procedures (SOP) Manual. Violation of safety or security provisions of the SOPs may be grounds for dismissal.
 - b. I am responsible for the actions of the guests I sponsor.
 - c. I am expected to participate - to the extent I am able - in club activities, including meetings, work, shooting, and social events.
 - d. I am subject to a possible background investigation.
4. I CERTIFY that I am a citizen of good repute of the United States of America; that I am not a member of any organization having as its purpose or one of its purposes the overthrow by force and violence of the government of the United States or any of its political subdivisions; that I have never been convicted of a crime of violence; and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship.

10/15/24
Date

John Carlisle
Signature of Applicant

T Reaser
Printed Name of Nominating Member

[Signature]
Signature of Nominating Member

Return to: Tina L Bailey
112 Water St
Salem, WV 26426

NOTE: Memberships are only considered in early February of each year with the decisions of the Executive Committee announced in mid/late February.