



MEMBERSHIP APPLICATION

Name and Address (Print Legibly)

Telephone Numbers

Home: _____
Cell: _____
Other: _____

FOID#: _____

FOID Expiration Date: _____

Out of State Driver's License #: _____

Membership Applying For:

- ____ Law Enforcement or Military Annual Membership - \$175.00
- ____ Individual Annual Membership - \$275.00
- ____ Family Annual Membership - \$325.00 (Includes spouse & children under 18)

Spouse's Name: _____

Names and Dates of Birth of Children Under 18 Years of Age:

____ Lifetime Membership* - \$1,000.00

*Individual Membership; Spouse is required to pay \$50.00 a year and children are not included

Signature: _____

Date: _____