



Hartford Gun Club – Application for Membership

157 S. Main St., E. Granby, CT 06026 (860) 658-1614

Name _____ Date _____

Address _____ Town _____ State _____ Zip _____

E-Mail _____ Phone _____

Date of birth _____ CT Pistol permit # _____

Domestic partner _____

Children under 23y (with DOB) _____

Are you active Military or a Veteran: Yes No

Are you active or retired Law Enforcement: Yes No

Occupation _____

Employer _____ Phone _____

Address _____ Town _____ State _____ Zip _____

Club activities interested in: (select)

Pistol

Rifle

Trap

Skeet

FITASC

Did you attend a Pistol Permit Class here? Yes No

How did you hear about Hartford Gun Club? _____

Two references

Name _____

Address _____ Town _____ State _____ Zip _____

E-Mail _____ Phone _____

Name _____

Address _____ Town _____ State _____ Zip _____

E-Mail _____ Phone _____

If application is accepted, I understand and agree to abide by all rules and by-laws of The Hartford Gun Club, Inc. I understand that I am liable for any damage caused by me, my family, or my guests.

Signature of applicant _____ Date _____

Signature of Board Member accepting application _____ Date _____

Dues Amount _____ Method Paid _____