

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	email:	Phone:
Current address:		
City:	State:	ZIP Code:
Branch of Service:	MOS:	Date of EAS:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	OK to Contact? Y N
Notes:		

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SHOOTING DISCIPLINES YOU ARE FAMILIAR WITH (CHECK ALL THAT APPLY)

USPSA/IDPA	Multi Gun / 3 Gun	Precision Rifle	SASS / CAS	Practical / Tactical
F-CLASS / Bench Rest	Bullseye / Smallbore	Trap/Skeet/Clays	Archery	Other:

SUMMARY OF EXPERIENCE

List your primary shooting discipline(s):
Memberships or relevant certifications:
How many organized shooting events or matches have you attended in the last 12 months?
Do you work in a field related to firearms or shooting sports?
How long have you been Shooting (competitively/professionally)?
List any current sponsors:

REFERENCES

Name	Address	Phone

SIGNATURES

I certify the above information is true and authorize its verification. I certify that I am legally able to own and use firearms in accordance with the laws of my State.

Signature of applicant:	Date:
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Submit your completed & signed application along with DD214, Bio, and any other supporting documentation to:

By email: teamrsf@reconsniperfoundation.org