

MID PACIFIC PISTOL LEAGUE, INC.
http://www.mppl.net
PO BOX 893301, Mililani, HI 96789-3714

An affiliated club of the National Rifle Association and the United States Practical Shooting Association
PROVISIONAL MEMBERSHIP APPLICATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____
NRA Number: _____ USPSA Number: _____
NROI Cert: _____ E-mail Address: _____
Emergency Contact: _____ Phone: _____

The following information is optional and for sub-match classification only.
Age: _____ Military: _____

I do hereby waive any and all claims for damages against Mid Pacific Pistol League, Inc. and the United States Practical Shooting Association, their members and officers or the owners of any area where club activities may take place, arising from my participation in any club activity.

I agree to abide by all safety regulations and By-Laws of the Mid Pacific Pistol League. I understand that my failure to comply with club and range safety regulations can, depending on circumstances result in my disqualification from a stage or entire match, my removal from the activity, and possible suspension or termination from the club.

I agree that the skills learned or practiced at club activities will be used by me to develop my own abilities in the safe and lawful recreational use of firearms, and have no intent to employ firearms or techniques learned or practiced in any unlawful manner.

I understand that the Board of Directors of the Mid Pacific Pistol League, Inc. reserves the right to refuse any application. I also understand that any falsification of information requested will disqualify this application and membership in the Mid Pacific Pistol League.

Please answer the following questions:

If "Yes", please explain

1. Are you under 18 years of age? _____
2. Have you ever been convicted of a felony or under indictment of a felony for which the penalty is incarceration for one or more years? _____
3. Have you ever been committed by court order to a mental institution or a program for treatment of addiction to drugs or alcohol? _____
4. Are you a member of any organization or group that has as one of its purpose the violent and forceful overthrow of the government of the United States of America or any of its political subdivisions? _____

I certify that I have read and understood all the terms on this application, and answered all questions and supplied information requested truthfully.

Signature: _____ Date: _____

Membership Dues: \$55.00 Current NRA members receive a \$25.00 discount. Fill in your NRA number and include a photocopy of your NRA membership card with this application to qualify.

OFFICE USE ONLY

Application receive date: _____ Membership dues received: _____ NRA discount applied: _____

Received & reviewed by: _____ BOD approval by: _____ Cash: _____ Check: _____