

NORTH JERSEY CLAY TARGET CLUB



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MEMBERSHIP APPLICATION

APPLICATION FOR MEMBERSHIP IN THE "NORTH JERSEY GUN CLUB" d/b/a North Jersey Clay Target Club

Date of Application _____

NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY & STATE & ZIP CODE _____

PHONE NUMBERS -HOME _____ BUSINESS _____ CELL # _____

EMAIL ADDRESS (to receive club news and communications) **NOT GIVEN TO ANYONE - For Club use ONLY!**
ALL EMAILS FROM CLUB SENT IN THE BLIND- NO ONE ELSE CAN SEE YOUR EMAIL ADDRESS

PRINT IT CLEARLY PLEASE _____

OCCUPATION _____ BUSINESS ADDRESS _____

ARE YOU AN NRA MEMBER Y/N _____ NRA MEMBERS # _____

ARE YOU AN ATA MEMBER Y/N _____ ATA MEMBERS # _____

PLEASE LIST ANY OTHER SHOOTING CLUB MEMBERSHIPS _____

Will you be an active participant in Registered ATA Shooting? _____

What is your present level of experience in Trapshooting? _____

By applying for membership, you agree to abide by the Constitution and Bylaws of the North Jersey Gun Club, Inc. and attest that there are no legal or criminal restrictions to your participation in the Club or its activities.

Do you possess a valid New Jersey Firearms ID Card? Y__ N__ / If Yes, please insert the ID Number: _____

Signature _____ Print Name _____

SPONSOR 1 (IF ANY) _____ SPONSOR #2 _____



First Year Membership Fee reduces monthly during the year. Your cost depends on the month you join.

RECEIVED BY _____ CASH _____ CHECK _____ AMOUNT\$ _____ DATE _____