

Westchester County Firearm Owners Association, Inc.

P.O. Box 91 • Rye Brook, New York 10573
Tel: (914) 747-5001 • Fax: (914) 664-4337 • E-mail: wcfoa@wcfoany.org

APPLICATION FOR MEMBERSHIP

The depth of the information requested of our prospective members is asked so that we can supply you with the information that you can most effectively use to defend your rights.

All information will be held in the strictest confidence.

Annual dues are \$25.00. Please enclose check with application.

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUS. PHONE _____

FAX NUMBER _____ E-MAIL ADDRESS _____

OCCUPATION OR EXPERIENCE _____

LOCAL GUN CLUB OR RANGE MEMBERSHIP _____

NRA MEMBER # _____ NYSRPA MEMBER # _____

POLITICAL INFORMATION (Leave blank if unsure)

US CONGRESSIONAL DISTRICT # _____ NYS SENATE DIST # _____

NYS ASSEMBLY DIST. # _____ WEST. CTY. LEGISLATIVE DIST. # _____

I'd like to volunteer to: contact legislators make calls build membership

write articles organize letter writing campaigns

Other talent or skill I can offer _____

DATE _____ SIGNATURE _____

wi _____ PRINT NAME _____

IS THIS A RENEWAL? Yes No

WHERE DID YOU LEARN ABOUT W.C.F.O.A.? _____

OFFICE USE ONLY

CLASS _____ EXP _____ DB _____ SS _____