

Westchester County Firearm Owners Association, Inc.

P.O. Box 91 • Rye Brook, New York 10573

Tel: (914) 747-5001 • Fax: (888) 328-8672 • 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.

Please select membership term and enclose check with application.

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME/CELL PHONE _____ BUS. PHONE _____

FAX NUMBER _____ E-MAIL ADDRESS _____

OCCUPATION OR EXPERIENCE _____

LOCAL GUN CLUB OR RANGE MEMBERSHIP _____

NRA MEMBER # _____ NYSRPA MEMBER # _____

Please choose your membership level from the following:

| | Term: | Rate: | Enclosed |
|--------------------------|---------|-----------|----------|
| <input type="checkbox"/> | 1 Year | \$ 25.00 | \$ |
| <input type="checkbox"/> | 3 Years | \$ 70.00 | \$ |
| <input type="checkbox"/> | 5 Years | \$ 100.00 | \$ |

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 _____

PRINT NAME _____

IS THIS A RENEWAL? ☐ Yes ☐ No

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

OFFICE USE ONLY

WI

CD _____ SD _____ AD _____ LD _____
CLASS _____ EXP _____ DB _____ SS _____