

**The American Legion Junior Shooting Sports Program
Junior Membership Application**

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Sex _____ Date of Birth _____

Father's Name _____ Occupation _____

Work Address _____

Work Phone _____

Mother's Name _____ Occupation _____

Work Address _____

Work Phone _____

Are you current member of the National Rifle Association (NRA) or USA Shooting (USAS)? Y or N

If yes please provide membership number(s) _____

Have you had any previous shooting experience or training? Y or N

If yes please list experience _____

Are either of your parents veterans of military service? Y or N

If yes are they members of The American Legion? Y or N

Signature of applicant

Date

I have read the above information and find it to be true to the best of my knowledge. I give permission for my son/daughter to become a member of this club and participate in the club activities.

Signature of Parent(s)/Guardian(s)

Date