



Lakeland Rifle & Pistol Club, Inc.

Dedicated to Sportsmanship and Conservation

Location Address: 2000 Lasso Lane, Lakeland, FL 33801

Mailing Address: PO Box 2715, Eaton Park, FL 33840-2715

Phone: 863-665-0092 Email: lakelandrpc@gmail.com

An application fee of \$100 must accompany this application and is non-refundable unless acceptance is declined by the Board of Directors. **All potential new members are subject to a background check.**

You must **print (legibly) or type** all information to be considered.

I, _____, request membership in the Lakeland Rifle & Pistol Club, Inc. I understand that I must complete the 'Blue Card' process within one (1) year of my application approval by the LRPC Board. In order to fulfill all 'Blue Card' requirements, I understand I must attend a monthly General Membership Meeting where members will vote on my acceptance into the Club

Annual dues are prorated your first year only, based upon the quarter in which you are inducted into the Club. Thereafter, annual dues are payable by the last day of February in the amount set by the Board of Directors. We offer Member volunteers dues credits, which are accrued during the calendar year and applied toward the following membership year (April – March).

Your signature below acknowledges your understanding that the Lakeland Rifle & Pistol Club, Inc. is under no obligation to approve your application for membership. Should your application **not** be approved, Lakeland Rifle & Pistol Club, Inc. is under no obligation to offer an explanation.

I confirm that I am legally entitled to own and possess a firearm in Florida.

Applicant's signature _____ Date: _____

Home street address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Date of Birth: _____

Phone (+ area code): Mobile: _____ Work: _____ Home: _____

Citizenship: _____ U.S.A. Other: _____

Occupation: _____ Employer: _____

Employer's address: _____ City: _____ State: _____ Zip: _____

How did you hear about our Club? _____

If through a member, please provide the member's name: _____

How many years have you lived at your current address listed above? _____

If less than two years, complete the following previous address information.

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

How long did you live at that address? _____ Years _____ Months

How long have you been a resident of Florida? * _____ Years _____ Months

*If you are not a Florida resident, where is your residence outside of Florida?

Address: _____ City: _____ State: _____ Zip: _____ Country: _____