Membership Application P.O. Box 293948 Phelan, CA 92329-3948 760 956-5044 Cell 760-900-6166

(1) Name:	() Single Membership— () Family Membership— () Family Membership—	\$30.00 per year—Advocate \$35.00 per year—USPS deli -\$40.00 per year—Advocato \$45.00 per year—USPS del	ivery of the Advocate. e downloaded from website ivery of the Advocate.
	Alias		
	Alias: with Firearms: No Experience		
	ther:	,	
	Alias:		
	with Firearms: No Experience		
	nckaroo: thru 16 yrs. / Lil' Buckaroo = 6 thru		
Level of Proficiency	with Firearms: No Experience	Moderately Experienced	Experienced Shooter
Address:		E-mail;	
City:		State:	Zip:
Phone #(optional)		NRA Member	? YN
I CERTIFY THALIEN LEGAL ORGANIZATIO THE OVERTH UNITED STATE BEEN CONVIO	membership in the Cajon Cowl IAT I AM A CITIZEN OF LLY RESIDING IN THE U ON OR GROUP HAVING A ROW BY FORCE AND V ES OR ANY OF ITS POLIT CTED OF A CRIME OF I WILL FULFILL THE OB	THE UNITED STATES USA; THAT I AM NOT AS ITS PURPOSE OR OF IOLENCE OF THE GO TICAL SUBDIVISIONS: VIOLENCE; AND THE	OF AMERICA OR AN A MEMBER OF ANY ONE OF ITS PURPOSES OVERNMENT OF THE THAT I HAVE NEVER AT IF ADMITTED TO
Sig	mature #1	Signature #2	
Office use only: Interviewed By:			
Membership Date:		Member Number	: