

## Membership Application

DATE:     /     /

State of N.J. Firearms Purchaser I.D. # \_\_\_\_\_ N.R.A. Membership# \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

Hunting License # \_\_\_\_\_ (Circle: Bow or Shotgun) Year: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Intl. \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Circle “Y” for “Yes” or “N” for “No” for the following questions:**

Have you ever been adjudged a juvenile delinquent or disorderly person?     **Y or N**

Have you been convicted of a crime that has not been expunged or sealed?     **Y or N**

Are you subject to any court order issued pursuant to Domestic Violence?     **Y or N**

Have you ever been convicted of any domestic violence in any jurisdiction, which involved elements of (1) striking, kicking, shoving or (2) purposely, or attempting to or knowingly or recklessly, causing bodily injury, or (3) negligently causing bodily injury to another with a deadly weapon?     **Y or N**

Are you an alcoholic?     **Y or N**

Are you dependent upon the use of any narcotic or other dangerous substance?     **Y or N**

Are you now being treated for a drug problem?     **Y or N**

Do you have any disabilities that would make it unsafe to handle firearms?     **Y or N**

Are you presently, or have you ever been a member of any organization, which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State or to deny others their rights under the Constitution of either the United States or the State of New Jersey?     **Y or N**

Signature of applicant: \_\_\_\_\_ Home Phone # (     ) \_\_\_\_\_  
Cell or pager # (     ) \_\_\_\_\_ Work # (     ) \_\_\_\_\_

Email address: \_\_\_\_\_

Date approved: \_\_\_\_\_ Date disapproved: \_\_\_\_\_