



**IWLA Fredericksburg-Rappahannock Chapter  
MEMBERSHIP APPLICATION  
Application Subject To Review and Approval**

(Application should be completed and brought to the initial meeting with the Membership Committee)

**PRINT CLEARLY**

Type of Membership:     **INDIVIDUAL**                                      **FAMILY**   
**SPONSOR'S NAME:** \_\_\_\_\_(must introduce you)

**APPLICANT'S NAME:** \_\_\_\_\_

**APPLICANT'S STREET:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **PHONE:** (   )    -    

**Electronic mail address (email):** \_\_\_\_\_

**If Family Membership, provide spouse's full name:** \_\_\_\_\_  
**and Spouse's email address:** \_\_\_\_\_

**YOUR OCCUPATION:** \_\_\_\_\_

**SPECIAL SKILLS OR HOBBIES:** \_\_\_\_\_

**INTERESTS in CHAPTER Activity (Circle two or more):** conservation, firearms ranges, archery, fishing, administrative, grounds maintenance, special events, Dog Mart

**Have you (or your spouse if a family membership) ever been convicted of a felony?** YES  NO

Information required on the vehicle most likely to be used for accessing Chapter Grounds  
**VEHICLE MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_

**LICENSE PLATE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

I understand that I have 12 months from acceptance as a member to complete the Fredericksburg-Rappahannock Chapter's 20 hour Service requirement or be subject to a monetary fine.

The undersigned certifies that the information provided above is correct and accurate and acknowledges a commitment that the email address(es) provided will be used only for Fredericksburg-Rappahannock Chapter official communications and for no other purpose.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Note: The fees identified below are required only after meeting with the Membership Committee and by 30 minutes before being presented by your Sponsor at the Membership approval meeting.

Amount to be Submitted with Application on Date of Introduction for Membership Approval: <b>Initiation Fee</b> _____ <b>Dues</b> _____ <b>Shooter's Fee (if applicable)</b> _____ <b>TOTAL</b> _____
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