

**Fiscal Year July 2020 – June 2021 New Membership Application for
AMERICAN LEGION MINNEAPOLIS-RICHFIELD POST 435 GUN CLUB
6501 Portland Avenue South, Richfield, MN 55423**

PLEASE PRINT ALL INFORMATION AS NEATLY AS POSSIBLE

Last Name _____ First _____ MI _____
 Street _____
 City _____ State _____ Zip _____
 Home Phone _____ E-mail _____
 Occupation _____ Date of Birth _____

I am interested in joining the Civilian Marksmanship Program Club (CMP)

I am an Archer / Bow Hunter

Check Your Top 2 Shooting Interests: Rifle Trap/Skeet Pistol

Check One of Each:

I WISH TO JOIN, or: I AM ALREADY A MEMBER OF

Legion Membership #

New Members Write "NEW" →

POST 435 SQUAD 435 SAL POST 435 AUX

I wish to transfer from Post # →

Must Complete and Sign AL Member Data Form

If you are a current American Legion Post member and do not remember your NINE DIGIT membership number please contact; American Legion and Sons of the American Legion Call (317) 630-1200, Auxiliary call (317) 569-4500.

Choose Your Correct **NEW LEGION** Member Type →→→
 ↓ Write Your **TWO** Required Checks ↓

	NEW Legion ↓	NEW SAL ↓	NEW Auxiliary ↓
Total Check to "American Legion Post 435"	\$50.00	\$30.00	\$30.00
Total Check to "Post 435 Gun Club"	\$177.00	\$177.00	\$177.00
Total Dues and Fees	\$227.00	\$207.00	\$207.00

Gun Club fee includes a one-time \$75.00 initiation fee and Minnesota sales tax

Work Requirement: If you are under 65 years of age you must satisfy the Clubs 4 hour work requirement. If you do not wish to work you may pay a \$60 fee instead. You must either work for 4 hours or pay the \$15/hr fee before you will be allowed to renew your membership for the next year.

ORIENTATION NOTICE

Post 435 Gun Club Rule 8.0 requires all new members to attend an orientation meeting prior to being issued their gate card and being granted membership privileges and access to the ranges. If you are a new American Legion member you must also complete an American Legion, Sons of the American Legion or Legion Auxiliary membership application. Your orientation meeting must be scheduled with the Membership Officer.

"ACCEPTANCE OF MEMBERSHIP AND ACKNOWLEDGEMENT OF TERMS AND CONDITIONS"

I understand and I will abide by the Club Bylaws, Range Rules and the Club Calendar provided to me. I certify that I am eligible for membership in the Richfield American Legion Post 435, Auxiliary, or SAL. I have enclosed payment for my membership according to the Fee Schedule, above. I UNDERSTAND THAT FAILURE TO RENEW MY MEMBERSHIP BY August 1, 2021 WILL RESULT IN THE FORFEITURE OF MY GUN CLUB MEMBERSHIP. I UNDERSTAND THAT MY GUN CLUB GATE CARD WILL BE DEACTIVATED AND THAT ENTERING THE GUN CLUB OR LEGION GROUNDS WILL BE CONSIDERED TRESPASSING AND APPROPRIATE ACTION WILL BE TAKEN.

REQUIRED

SIGNATURE → _____ **Date** _____

PLEASE MAIL OR DELIVER YOUR SIGNED APPLICATION AND TWO SEPARATE DUES CHECKS TO:

American Legion Post 435
 Attn: Gun Club Membership Officer
 6501 Portland Avenue South
 Richfield, MN 55423

THIS SPACE FOR OFFICE USE ONLY	
GATE CARD # _____	POSTMARK/JOIN DATE _____
Gun Club Check # _____	Post 435 Check # _____

NOTE: The membership year is from July 1st to June 30th. It does not follow the calendar year.