American Legion Post 435 CMP Club

Membership Application

Name _____

Address _____

City _____State_____Zip_____

Email _____

Work Phone # _____Home #_____

Cell #_____

Are you a current American Legion Post 435 Gun Club Member?

Yes ☐ No☐ If Yes, Gate Card# _____

Make check payable to: Post 435 CMP Club

$10 If your a Post 435 Gun Club member.
$30 non Post 435 Gun Club member.

Post 435 CMP Dues are for the calendar year January through December.

Mail to: Post 435 CMP Club
P.O. Box 23014
Richfield, MN. 55423-0014