

# 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# \_\_\_\_\_

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Make check payable to:      Post 435 CMP Club  
   \$10 If you're a Post 435 Gun Club Member  
   \$30 Non Post 435 Gun Club member

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

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Please print and mail  
this entire form to:

Post 435 CMP Club  
6501 Portland Avenue South  
Richfield, MN. 55423  
Attn: Tony Costanzo