



Massachusetts Rifle Association

290 Rear Salem St. Woburn, MA 01801
781-933-2138 www.massrifle.com

MEMBERSHIP APPLICATION

MUST BE FILLED OUT COMPLETELY - PLEASE PRINT LEGIBLY

First Name: _____ M.I.: _____ Last Name: _____

Spouse Name (if joining as a spousal member): _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

MA Pistol Permit/FID #: _____ MA Pistol Permit Expiration: _____

Email Address: _____

Occupation: _____ Work Phone: _____

Employer: _____

Employer Address: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____ Phone: _____

Describe your experience with firearms: _____

What types of shooting/ non-shooting activities interest you at the MRA? _____

If you know a MRA member, please tell us their name: _____

Office Use Only - ID Check: Driver's License State _____

Other ID Type _____

ANNUAL DUES AND PAYMENT DEADLINE:

MRA's Membership Year is from October 1 through September 30. Annual dues are mailed at the beginning of September for the following year and must be paid by December 31st.

As an applicant, I have read and accept all Range Rules, Bylaws and Club Requirements of the Massachusetts Rifle Association.

Signature of Applicant: _____ Date Submitted: _____

Please read and sign the MRA Release Form on the opposite side of this application. Thank you.

MRA Release Form

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages that I may have against the Massachusetts Rifle Association (“MRA”) and its representatives, officers, employees and members for any and all injuries suffered by me at these activities. I acknowledge that these activities have a risk of physical injury, which I am willing to assume. I consider myself to be in appropriate physical condition to participate in these activities. I hereby grant permission to an attending physician and his/her staff to provide such treatment, medical and/or surgical procedures as may be deemed necessary or advisable. I understand that in an emergency, whenever possible, all attempts will be made to communicate with me prior to use of this permission by a medical provider(s). I further give the MRA permission to use my image or likeness taken on MRA property by film, video, digital or other means.

I have carefully read this agreement and agree to abide by the safety rules of the Massachusetts Rifle Association. There is no expiration to this agreement.

Print Name: _____ Date: _____

Signature: _____

Witness Signature: _____ Date: _____

New Member Application Procedure

1. **Application:** At the MRA Office – Submit your application, have your member photo taken, make your dues payment and schedule your orientation session.
2. **Orientation:** View orientation video and take the Range Rules Exam. Upon receiving a passing grade, you will take a shooting test (If you do not pass the Range Rules Exam, the application process stops and you will be allowed to retest at a later date). Upon successful completion of the shooting test, you will schedule a committee meeting.
3. **Interview:** Meeting with the Membership Committee the last week of the month. Upon successfully completing the interview, you will be scheduled to meet with the Board of Directors.
4. **Welcome:** Meet the Board of Directors at the next scheduled meeting (or equivalent).