



# New York Firearms Association Membership Application

## New Application

Membership\_\_\_\_ Honor Membership\_\_\_\_

## Personal Information

Last Name:\_\_\_\_\_ First Name\_\_\_\_\_ Date of Birth\_\_\_\_\_ Gender\_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation\_\_\_\_\_ Home Address\_\_\_\_\_

Identification Number\_\_\_\_\_ Identification Number Type\_\_\_\_\_

Membership Fee\_\_\_\_\_ Honor Membership Fee\_\_\_\_\_ Other Donation Fee\_\_\_\_\_

*I am aware that joining the New York Firearms Association, remaining steadfast in my faith in the Second Amendment of the United States Constitution, and always obeying the law are important principles.*

Applicant Signature\_\_\_\_\_

Authorized By\_\_\_\_\_

Today's Date\_\_\_\_\_

Approved Date\_\_\_\_\_