TRIANGLE SPORTSMEN'S CLUB, Inc.

PO Box 768
Bluefield, VA 24605

RENEWAL FOR MEMBERSHIP: (Please Print)

Name _____ Date of Birth _____
First Middle Last

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Email Address _____

Annual ☐
Life ☐

NRA Membership Number _____ Exp Date _____
Required

Provide Copy of Card or Address Label from NRA magazine for proof of Membership

$45.00 First Year Dues Must Accompany this Application

Signature _____ Date _____