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**THE CINCINNATI  
REVOLVER CLUB**  
4951 WINTON RIDGE LANE  
CINCINNATI, OHIO 45232

**APPLICATION FOR MEMBERSHIP**  
**PLEASE PRINT OR TYPE**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_

E-Mail \_\_\_\_\_

You will be issued an identification badge to be worn on the range. Would you prefer your nickname on the badge? Yes \_\_\_ No \_\_\_

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Military Service \_\_\_\_\_

NRA Member? Yes \_\_\_ No \_\_\_ Membership Number \_\_\_\_\_

Do you belong to any other shooting clubs? Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_

Competitive shooting experience \_\_\_\_\_

I hereby apply for membership in the Cincinnati Revolver Club, and certify that the above information is true to the best of my knowledge and belief. I further certify that I am not a member of any organization which has as any part of its program the attempt to overthrow the Government of the United States or any of the several States by force or violence, that I have never been convicted of a crime of violence, that I am not barred from handgun ownership by State or Federal law. If my application is approved, I agree to be governed by the Constitution and By-laws of the Club and all rules and safety regulations that may be adopted by the executive Committee or properly accredited officials.

\_\_\_\_\_  
Signature of Sponsoring CRC Member (must be Full Member  
In good standing of not less than one year)

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

**INSTRUCTIONS TO APPLICANT**

Please furnish below the names of at least two references. These should preferably be current Cincinnati Revolver Club members with whom you are acquainted. (In this event only the names will be needed; we already have the other data.) Otherwise your references should be persons of established good repute in your community who have known you well enough to serve as character references. Do not use the name of any member who is related to you in any manner.

This application should be mailed with a check in the amount of \$100.00 ( Initiation Fee, Annual Dues, State Sales Tax, and Annual Insurance Premium) to the Club Secretary at the address shown on the front of the application. If you prefer to pay the amount of \$100.00 in two payments please contact the Secretary for the amount required for each payment. Your check will be returned to you in the event that your application is not approved. Membership in the National Rifle Association is not required to become a member of the Cincinnati Revolver Club but NRA membership is strongly recommended.

**REFERENCES**

1. Name \_\_\_\_\_ Position \_\_\_\_\_  
Home Address \_\_\_\_\_ Home phone \_\_\_\_\_  
\_\_\_\_\_ Zip code \_\_\_\_\_

2. Name \_\_\_\_\_ Position \_\_\_\_\_  
Home Address \_\_\_\_\_ Home phone \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

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**-----SPACE BELOW FOR USE OF MEMBERSHIP COMMITTEE ONLY**

Application Received \_\_\_\_\_  
Police Records Check  
Initiated \_\_\_\_\_ Completed \_\_\_\_\_  
Comments \_\_\_\_\_  
References Checked \_\_\_\_\_ Comments \_\_\_\_\_  
Range Check (date) \_\_\_\_\_ By \_\_\_\_\_  
Comments \_\_\_\_\_  
Comments of Sponsoring CRC Member \_\_\_\_\_  
Action by Executive Committee \_\_\_\_\_ Date \_\_\_\_\_  
Range Combination and Membership Papers Issued \_\_\_\_\_ By \_\_\_\_\_

**Hamilton County Sheriff's Department**  
**INFORMATION RELEASE**

Date \_\_\_\_\_

I, \_\_\_\_\_ authorize the Hamilton County Sheriff to release to the **Cincinnati Revolver Club** all information regarding any contacts and disposition that I have on file with the Hamilton County Sheriff Records Section.

Sex \_\_\_\_\_ Race \_\_\_\_\_ S.S. Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature

If you have a Concealed Carry Permit you do not have to fill out the Sheriff's Release if you enclose a photocopy of your permit.