



**FORT HARMAR RIFLE CLUB, INC.**  
**P.O. BOX 475**  
**MARIETTA, OHIO 45750**

**2017 MEMBERSHIP RENEWAL**

**(Please Print)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

If you have a family membership, please complete the following information to help us update our files. A family membership is limited to either spouse of the regular member or an unmarried dependent whose permanent residence is that of the regular member and whose age is between eighteen (18) and twenty-five (25).

<b>FAMILY MEMBER NAME</b>	<b>BIRTHDATE</b>
_____	_____
_____	_____
_____	_____

<b>Individual Membership</b>	<b>\$75.00</b>
<b>Family Membership</b>	<b>\$100.00</b>
<b>Five (5) Year Individual Membership</b>	<b>\$300.00</b>
<b>Five (5) Year Family Membership</b>	<b>\$400.00</b>
<b>Ten (10) Year Individual Membership</b>	<b>\$600.00</b>

**Make Check Payable To: Fort Harmar Rifle Club**

Club Use Only:  
Member Card # \_\_\_\_\_