

**The American Legion Junior Shooting Sports Program  
Junior Membership Application**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Are you current member of the National Rifle Association (NRA) or USA Shooting (USAS)? Y or N

If yes please provide membership number(s) \_\_\_\_\_

Have you had any previous shooting experience or training? Y or N

If yes please list experience \_\_\_\_\_

Are either of your parents veterans of military service? Y or N

If yes are they members of The American Legion? Y or N

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

I have read the above information and find it to be true to the best of my knowledge. I give permission for my son/daughter to become a member of this club and participate in the club activities.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date