



Littleton Sportsman Club

P O. Box 1037
Littleton, MA 01460

Membership Application

Name: _____

Street Address: _____

City, State, ZIP: _____

Phone: Home: _____ Cell: _____

E-mail: _____

Membership Type (*select one*): ___ \$100 Single ___ \$175 Family

___ NRA Member Membership Number: _____

___ GOAL Member Membership Number: _____

Massachusetts Gun License(s): ___ LTC A ___ LTC B ___ FID

Membership in other shooting clubs (past and present): _____

Reason for joining the club: _____

I acknowledge that I have read and understand the club rules and agree to be bound by them while on club property.

Applicant: _____ Witness: _____ Date: _____

CLUB USE ONLY

Referred by: _____ Date accepted: _____

Method of payment: _____ Amount Paid: _____ ___ Prorated

Provided copy of rules: _____ Qualified on indoor range: _____

Provided with keys: ___ Gate/Club House ___ Indoor Range