Freeport Revolver & Rifle Association, Inc.

P.O. Box
Freeport, NY 11520

(516) 623 – 5510

Date_____ Member NO._____

FRRA Safety Course is mandatory and will be given at the range. Please go to our website www.freeportrevolver.org

(PLEASE PRINT)

NAME _____ EMAIL _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE ( ) _____

DATE OF BIRTH _____/_____/_____ EMPLOYER _____

BUSINESS ADDRESS _____

OCCUPATION _____ PHONE ( ) _____

HAVE YOU EVER BEEN ARRESTED _____ CHARGE _____

CONVICTED OF _____ DISPOSITION _____

HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS _____

HANDGUN PERMIT NO. _____ EXPIRATION DATE _____

I AGREE TO DOWNLOAD AND READ THE RULES AND BY-LAWS OF THE FRRA ASSOCIATION

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

SAFETY LETTER _____ RECORD CHECK _____

SAFETY COURSE _____ FEES & DUES _____

RIFLE MEMBER ☐ PISTOL UPGRADE ☐ DATE _____

REV 6/01/24