



Police Association of South Jersey

41 E. Broad Street
Berlin, NJ 08009

(856) 753-5866
www.pasnj.com

Membership Application

Instructions: Complete form. If renewal, make corrections. Note that false information will result in denial or revocation of membership. If a new application, attach non-refundable administrative application processing fee of \$25.00. New members must also sign and attach waiver if not already on file. You will be notified when membership is approved. Dues are due 30 days from notification of membership approval or renewal notice. Membership card will be sent upon receipt of payment.

Members must have a current NJ Firearms ID, active or retired military or law enforcement ID, or if not a New Jersey resident, some form of firearms ID from your state. Please show your ID to range officer. Check box(es) that apply:

NJFID Military/Law Enforcement Other state ID
 # _____

NRA membership is highly recommended but not required for membership. Note that PASJ can provide NRA memberships and renewals at substantial savings. Check box(es) that apply:

I am an NRA member. I want a new or renewal NRA membership. No thanks.

PASJ Membership type. Check box(es) that apply:

New Renewal Regular Family Department

Shooting experience. Check box(es) that apply:

Law Enforcement Military NRA Course(s) New Shooter Shooting for
 _____ years

Name: _____ **Date of Birth:** _____

Address: _____ **Today's Date:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Occupation: _____

AGREEMENT

I, the undersigned, declare that the information given is true and that if it is not, my membership will be denied or terminated.

I agree to abide by all the range rules, posted fees and charges, and the bylaws of *The Police Association of South Jersey*.

I agree that any PASJ member, board member or range officer shall NOT be legally responsible for my actions or those of my family or guests, at the range, on the property or at any event.

I realize that I am expected to participate in at least one workday per calendar year. Failure to attend will result in my not receiving a \$25 rebate on my next year's dues. I may ask for a waiver due to disability, illness or age.

I acknowledge that I am responsible for any and all damages that I or my family members or guests may cause.

I know my membership is contingent being able to possess a New Jersey Firearms ID. Should I become ineligible to possess an NJFID, it is my responsibility to notify PASJ immediately. Reasons for ineligibility include and are not limited to drug or alcohol abuse, domestic issues and other criminal activity. I know my PASJ membership will be suspended until my situation is resolved.

I have read the NRA safety brochure provided with this application.

I agree to make family members and guests that I bring to the range aware of our rules and the above stipulations.

Member Signature

Date

PASJ Use Only

- Application Complete
- \$25 New member application administrative fee attached
- Waiver Attached On file
- Address check OK NG By _____ Date _____
- Criminal check OK NG By _____ Date _____
- Board approved OK NG By _____ Date _____
- Notified - Added to data base. By _____ Date _____
- Received Payment Check Cash By _____ Date _____
- Membership card sent - Updated data base. By _____ Date _____