

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail (optional): _____

I certify that I am not a member of any organization which has, as any part of its program, the change of the government of the United States by unlawful or unconstitutional means; that, if admitted to membership, I will fulfill the obligations of good citizenship and support and further the purposes of the corporation. I further certify that I have never been convicted of a crime of violence that has not been annulled.

Signature: _____

Method of Payment: ( ) Cash ( ) Check/Money Order

Available Membership Categories:	*Additional Donation:*	
☐ Individual – $20/year	☐ $25	☐ $50
☐ Family -- $30/year	☐ $100	☐ $250
☐ Business Member -- $50/year	☐ $500	☐ Other $____

Mail to: NHFC, Inc. P.O. Box 7182, Milford NH 03055-7182

or visit us at -- http://www.nhfc-ontarget.org

2026_General_grades_Belknap_Carroll,Stratford

New

Hampshire

Firearms

Live Free or Die

Name:

Address:

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I

City:

! Phone:

I

E-mail (optional):

Coalition

MEMBERSHIP

APPLICATION

State:

Zip:

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Business Member -- $50/year

☐ $500 ☐ Other $

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