



Received _____
 Check # _____
 Amount _____
 Donation _____

2022 RENEWAL ONLY

ALL INFORMATION REQUIRED

FIRST NAME _____
 LAST NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____

URPC MEMBERSHIP # _____

EMAIL _____
(for communication purposes only)

HOME PHONE (____) _____ - _____

WORK (optional) (____) _____ - _____

CELL PHONE (____) _____ - _____

NRA or CRPA MEMBER # _____

NRA or CRPA EXPIRATION: ____/____/____
(M/D/YYYY)

DATE OF BIRTH: ____/____/____
(M/D/YYYY)

The membership card you have in your possession will be reactivated for the upcoming membership year. There is a replacement fee of \$25.00 if lost

\$200.00

Make Check or Money Order payable to:

UKIAH RIFLE AND PISTOL CLUB

Mail payment, completed form, photocopy of NRA or CRPA Membership w/expiration date to:

UKIAH RIFLE AND PISTOL CLUB

P.O. Box 26
 Ukiah, CA 95482

URPC is a non-profit corporation, and its success depends on the participation and donations from the club membership. If you can help, see the information listed below.

PLEASE CHECK BOXES THAT APPLY

<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Metal work	<input type="checkbox"/>	Painting	<input type="checkbox"/>	RSO	<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Scoring events	<input type="checkbox"/>	Cutting firewood	<input type="checkbox"/>	Weed eating	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Committees	<input type="checkbox"/>	Other _____

VOLUNTARY DONATIONS: GENERAL DONATION (circle) \$20 \$40 \$60 \$80 \$100 Other _____

RANGE MAINTENANCE \$ _____ JR. TRAP \$ _____

The Ukiah Rifle and Pistol Club membership is contingent on your valid NRA/CRPA membership and legally able to possess and/or handle a firearm. We ask that you provide an email address to keep club publication costs low. URPC is a non-profit public benefit corporation. As a result, under California law, upon a proper request being made by a member of URPC, it could be required to release the name and addresses of its members to that member.

 Member Signature (required) _____ Date (M/D/YYYY)