

APPLICATION FOR MEMBERSHIP

This form requires signatures. Please print the form, get signatures on lines provided and return to

F.D.H.A.S, 1700 Sullivan Trail, Suite 7, PMB 310, Easton, PA 18040

Please fill out the following details:

Date: __/__/__

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ How Long?: _____

City: _____ State: __ Zip: _____ Phone: ____-____-____

Date of Birth: __/__/__ Place of Birth: _____ U.S. Citizen? Yes ☐ No ☐

Are you an N.R.A. Member? _____ Annual? _____ Life? _____ Other? _____

What type of arms are you interested in collecting? _____

I certify that I am not prohibited by the provisions of Chapter 44 of Title 18, United States Code, or Title VII of the Omnibus Crime Control and Safe Streets Act of 1968 from receiving a firearm in interstate commerce. I will, if admitted to membership, abide by the Constitution and Rules of the Society. I understand I am not entitled to the benefits and privileges of the Society until I have been admitted to membership, and have received my membership card.

Applicant's Signature: _____

SPONSORS - WARNING - YOU MUST BE A MEMBER OF FORKS OF THE DELAWARE WEAPONS ASSOCIATION FOR AT LEAST ONE YEAR TO BE A SPONSOR. SPONSORING AN UNDESIRABLE MEMBER MAY COST YOU YOUR MEMBERSHIP.

SPONSORED BY: (2 MEMBERS REQ'D.)

We hereby certify we know the above applicant personally—to the best of our knowledge he has no criminal record or in no other way violates The Gun Control Act of 1968.

Signature: _____ I have known applicant for _____ years.

Name: _____ Street: _____ City: _____ State: __ Zip: _____

Signature: _____ I have known applicant for _____ years.

Name: _____ Street: _____ City: _____ State: __ Zip: _____

PLEASE REMEMBER THAT THIS IS THE ONLY TRUE CLUB IN THE LEHIGH VALLEY—HAVING BEEN INCORPORATED BY THE NORTHAMPTON COUNTY COURT IN 1961.

Dues: 1 year – \$30.00

Dues: 5 year – \$140.00

F.D.H.A.S

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