



Downstate New York Diasporans Firearms Club (DNY-DFC)

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MEMBERSHIP APPLICATION

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Employer: _____

Business Address: _____

Occupation: _____ Phone: () _____

Have You Ever Been Arrested: Yes No Charge(s): _____

Convicted of: _____ Disposition: Yes No

Have you ever been treated for Mental Illness: Yes No

I certify that I do not have a Restraining Order or Protective Order issued against me. Yes No

I certify that I have never been convicted of a felony. Yes No

I certify that I am not unlawful user or distributor of any illegal drugs. Yes No

I certify that I have not been dishonorably discharged from any branch of the US Armed Forces. Yes No

Handgun Permit No.: _____ Expiration Date: _____

I Have Downloaded Read & Agree To: DFC's Code of Conduct, Range & Firearms Safety Rules, and Waiver & Release Agreement.

Signature

Date

Do Not Write Below This Line

NMOC Date: _____

INSTRUCTOR: _____

NAAGA ID: _____

NAAGA Exp: _____

DUES: _____

Rifle Member

Pistol Upgrade

Date: _____