

WHPC

NAME: _____

ADDRESS: _____ STATE _____ ZIP _____

EMAIL: _____

PHONE # _____ C _____ H _____

OCCUPATION/AREA OF EXPERTISE: _____

DESCRIBE SHOOTING EXPERIENCE: _____

LIST SAFETY COURSES TAKEN:

1. _____ DATE: _____

2. _____ DATE: _____

3. _____ DATE: _____

ARE YOU LEGALLY PERMITTED TO POSSESS A FIREARM IN THE STATE OF NEW HAMPSHIRE?

DO YOU HAVE A VALID CONCEALED CARRY LICENSE/PERMIT FOR NEW HAMPSHIRE OR ANY OTHER STATE?

ARE YOU A MEMBER OF THE NRA? # _____ EXP. _____

WHERE DID YOU HEAR ABOUT WILSON HILL PISTOL CLUB?

MEMBER SIGNATURE: _____ DATE: _____

DATE JOINED: _____ CARD # _____

Wilson Hill Pistol Club

Member checklist

Attend Orientation Meeting **Yes** **No**

Issued a copy of WHPC Range Rules **Yes** **No**

Issued a copy of WHPC By-Laws **Yes** **No**

QUALIFYING EVALUATION

Show proper way to have firearm on the bench (unloaded, action open, magazine out if semi-automatic) **Pass** **Fail**

Demonstrate proper loading of firearm **Pass** **Fail**

Demonstrate proper muzzle control **Pass** **Fail**

Demonstrate proper trigger control **Pass** **Fail**

Hits on target (9 out of 10 @ 50') **Pass** **Fail**

Followed range commands **Pass** **Fail**

Ability to safely clear malfunctions **Pass** **Fail**

Members Name _____ *Card #* _____

Safety Officer _____

Date approved _____ *Caliber* _____

2014 _____ *2015* _____ *2016* _____ *2017* _____ *2018* _____ *2019* _____