CHARTER CLUB BENEFITS

1. INFORMATION ON GENERAL LIABILITY INSURANCE COVERAGE IS NOT AVAILABLE AT THIS TIME.

2. REDUCED PRICE ON ADVERTISING. If your Charter Club hosts an invitational shoot or an open shoot, the information shoot ad in MUZZLE BLASTS is published at half price. Thank you ads acknowledging your appreciation to dealers, services, etc., are full priced ads.

3. FREE LISTING. Once a year the names, addresses, phone numbers of contact persons, and your Clubs name will be published in MUZZLE BLASTS. Charter Club Shoot Dates will be published free of charge every two months.

4. ACCESS TO INFORMATION. The office at the NMLRA Headquarters in Friendship, Indiana is the focal point for all information, expertise, and service data on muzzleloading. Charter Clubs are encouraged to call for any sort of help they might require at any time.

5. TERRITORIAL MATCH HOST. Charter Clubs are encouraged to host the NMLRA TERRITORIALS, and are given first consideration when there are non-chartered clubs in contention.

6. INDIVIDUAL MEMBERSHIP. The Charter Club may retain $5.00 for their Charter Club and remit $45.00 to the NMLRA for a single years membership for the clubs members.

7. CHARTER CLUB DISCOUNT. Charter Clubs may deduct 10% from their target order when purchasing same through the NMLRA.
NATIONAL MUZZLE LOADING RIFLE ASSOCIATION

CHARTER CLUB

APPLICATION FOR AFFILIATION

NAME OF CLUB______________________________________________

ADDRESS OF CLUB__________________________________________

Meeting Place______________________________________________

OFFICERS:  President:________________________________________

                            Vice Pres:______________________________

                            Secretary:_______________________________

                            Treasurer:____________________________________

Explain Range Facilities______________________________________

________________________________________________________________

CLUB SHOOT DATES:_________________________________________

________________________________________________________________

CODE: OR - Offhand
                  BR - Bench Rifle
                  SR - Slug Rifle
                  PM - Primitive Matches
                  P - Pistol
                  T - Trap

SECRETARY’S NAME__________________________________________

ADDRESS____________________________________________________

CITY_________________________________STATE________ZIP__________

TELEPHONE NUMBER_________EMAIL________________________________

DATE__________________________

SECRETARY’S SIGNATURE_______________________________________

PLEASE LIST NAME & ADDRESS OF LOCAL NEWSPAPER FOR NEWS RELEASE
CONCERNING YOUR NEW CHARTER WITH THE NMLRA______________________

________________________________________________________________
NMLRA Charter Club Form

PO Box 67, Friendship, IN 47021 • 800-745-1493 ext. 224 • www.nmlra.org

Club Name ___________________________________________________________ Date _________
Address of Club __________________________________________________________________________

Please list at least five members that are to be listed on your charter. They must be NMLRA members.

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*Secretary’s Name ____________________________ Phone Number _________________________

Address ____________________________________________________________

Email Address ________________________________________________ Club Website _________________________

RETURN FORM TO:  NMLRA, CHARTER CLUBS,  P.O. Box 67, Friendship, IN 47021

*The Secretary’s name and address will be listed in Muzzle Blasts as contact unless otherwise indicated. Please notify the office of changes to contact information.
Information for Shoot Date Listing in Muzzle Blasts

Date__________________________
Club Name ____________________________________________________________
Club Contact Name _______________________________________________________
Street Address _______________________________________________________________________
City __________________________ State __________ Zip ________________
Phone Number __________________________ Email Address _________________________
Club Website _________________________________________________________________________
Shoot Dates __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
What kind of shoot will be held?  Primitive ________________
                                     Paper Targets______________
                                     Mixed ________________
Remarks ______________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Please send information to the NMLRA office at least three months in advance to insure enough
time to appear in the magazine. Dates can be updated throughout the year by sending a new form.
NMLRA Charter Club Matching Grant Application
PO Box 67, Friendship, IN 47021 • www.nmlra.org • 812-667-5131

Date __________________________

Charter Club Name ____________________________________________________________

Club Mailing Address ___________________________________________________________

Club Email Address ______________________ Club Website __________________________

Name and Address of Club Secretary _____________________________________________

Email Address ________________________ Evening Phone Number ______________________

Name and Address of Club President ______________________________________________

Email Address ________________________ Evening Phone Number ______________________

Dollar Amount of Grant Request $ ______________

Describe what your club would do with the matching grant monies (use back of application if needed).

This is a matching grant program. Can your club provide proof of its share of the project funds?

Projected Cost of Project $ ____________________

Projected Completion Date of Project ______________________________________________

Please return this form with any other relevant information or photos of the project by the August 1st deadline to:

NMLRA Charter Club Grant Program, PO Box 67, Friendship, IN 47021

****Do not write below this line****

NMLRA Charter Club Chairman Signature and Date ______________________________________