



# National Muzzle Loading Rifle Association

PO Box 67, Friendship, Indiana 47021

Telephone: (812) 667-5131 • 1-800-745-1493 • [www.nmlra.org](http://www.nmlra.org)

## **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.*

Member Number	Expiration Date		Membership Enclosed
1. _____	_____	Name _____ Address _____	<input type="checkbox"/>
2. _____	_____	Name _____ Address _____	<input type="checkbox"/>
3. _____	_____	Name _____ Address _____	<input type="checkbox"/>
4. _____	_____	Name _____ Address _____	<input type="checkbox"/>
5. _____	_____	Name _____ Address _____	<input type="checkbox"/>
6. _____	_____	Name _____ Address _____	<input type="checkbox"/>
7. _____	_____	Name _____ Address _____	<input type="checkbox"/>
8. _____	_____	Name _____ Address _____	<input type="checkbox"/>
9. _____	_____	Name _____ Address _____	<input type="checkbox"/>
10. _____	_____	Name _____ Address _____	<input type="checkbox"/>

\*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.*



**National Muzzle Loading Rifle Association**  
PO Box 67, Friendship, IN 47021 • 800-745-1493 ext. 224 • www.nmlra.org  
**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 \_\_\_\_\_

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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 \_\_\_\_\_