

**ARMS COLLECTORS OF SOUTHWEST WASHINGTON**

APPLICATION INSTRUCTIONS

- Please fill in this application completely. It must be legible and signed.
- You must show your current **DRIVER'S LICENSE** or **CONCEALED PISTOL PERMIT**.
- Pay Dues.
- You will receive your membership card at that time upon acceptance of application.

**I swear that I am at least 18 years of age and a citizen of United States, not**

**(1). A convicted felon, (2). A drug addict, (3). A habitual drunkard, (4). Under indictment for Felony or a gross misdemeanor involving deadly force, (5). A person who has been adjudged Mentally incompetent, (6). Any other circumstance as provided on a current ATF Form 4473 that would prevent the acquisition of a firearm. I agree to be bound by the bylaws of ACSWW. This information may be verified before acceptance.**

**Copy of bylaws provided upon request.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

- ONE YEAR NEW MEMBERSHIP \$20.00
- ONE YEAR RENEWAL MEMBERSHIP \$20.00

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIPCODE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

STATE DL ISSUED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CPL NUMBER: \_\_\_\_\_

U.S. CITIZEN?? YES \_\_\_\_\_ NO \_\_\_\_\_

APPROVED FOR MEMBERSHIP BY : \_\_\_\_\_