



Date of Application \_\_\_\_\_

Sponsors Name \_\_\_\_\_

Membership Date \_\_\_\_\_

**\*Application Approval May Be Subject To A Background check payable by applicant\***

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Facebook Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Male  Female

Have you ever been charged with a felony or have any other issues that would not allow you to carry a firearm? If Yes, Please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in the SCM?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

\_\_\_\_\_ Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

**This Section To Be Filled Out By SCM Officer**

\_\_\_\_\_ Sponsors Signature

Interview Notes

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_