

AOOC MEMBERSHIP APPLICATION

Date: _____

Name: _____

Birthdate: _____

Address: _____

Phone #: (____) _____

City: _____

Zip Code: _____

New NRA Member, Magazine Choice: American Hunter [] American Riflemen []

Current NRA Members, Membership #: _____ Expiration Date: _____ Life Member []

Payment: AOOC Yearly: \$75.00 Life Member: \$500.00

Make checks Payable to: AOOC

Send to: Jerry Wittkopf – 8598 S. Cty. Rd. L – South Range, WI 54874

I, _____, agree to abide by the by-laws of the Aurora Ouisconsin Outdoor Club.

(must be signed)

E-Mail Address _____