

West Virginia Citizens Defense League

Membership Application

Application Type (circle one): New Renewal

Name: _____

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

T-SHIRT SIZE: _____

1 year WVCDL basic membership: \$ 25.00

Additional donation to WVCDL: \$ _____

Total payable to WVCDL: \$ _____

(NOTE: WVCDL accepts personal checks and money orders payable to WVCDL. Please do not mail cash. A \$25 dishonored check fee will be charged if a check is dishonored for any reason.)

(OPTIONAL) Please answer the following survey questions:

Are you a member of the NRA? _____

Are you a member of any other pro-Second Amendment organizations? _____

Are you registered to vote? If so, what is your party affiliation? _____

Do you presently have a West Virginia concealed handgun license? _____

Are you currently certified as a handgun instructor by the NRA? _____

Do you have any special skills you would be willing to use to help the WVCDL? _____

I hereby apply for membership in the West Virginia Citizens Defense League, Inc. I certify that I: (1) am a natural person of sound mind and good moral character; (2) support the Constitution of the United States of America and the Constitution of the State of West Virginia; (3) am not a member of any organization or group which has as any part of its program the attempt to overthrow the Government of the United States of America or any of its political subdivisions by force or violence; (4) support the right of all otherwise qualified individuals to participate in the programs, activities, and membership of WVCDL without regard to race, sex, religion, color, or national origin; and (5) will not bring disrepute to or frustrate the purposes of the WVCDL by my membership in WVCDL.

I understand that acceptance of this application and my continuance as a member of WVCDL is contingent upon my compliance with the foregoing paragraph and the bylaws of WVCDL.

WVCDL does not sell, rent, or otherwise disclose its membership list; make the names, addresses, or other personally-identifying information of its members publicly-available; disclose individual responses to member surveys, including the survey contained in this application; or publicly disclose dues paid or contributions made to WVCDL without the consent of the individual member or donor.

I agree that if I am dissatisfied at any time with my membership in WVCDL or WVCDL's membership benefits or programs, my sole recourse is resignation of my membership and a pro rata refund of dues paid.

This application is subject to acceptance and approval by WVCDL.

Contributions, gifts, or membership dues to WVCDL are not deductible as charitable contributions for Federal income tax purposes.

Signature _____

Date _____

This application will not be accepted without a signature. Please allow 4-8 weeks for processing.

Please mail this application, your dues, and any additional contribution you may make to:

WVCDL

PO BOX 11371

CHARLESTON WV 25339-1371

WVCDL USE ONLY

Amount

Rec'd by

Date