

# Iowa Firearms Coalition

Iowa's one and only Official NRA State Association

## Membership Application



### IMPORTANT INFORMATION

- An application may also be submitted online at <https://www.membership.iowafc.org>.
- Each member will have an online account where you can print off your membership card.
- If you're becoming a member for the first time, put N/A in the current member # slot.
- Your email and phone number will be used for official IFC functions only. They will not be shared with any other third party or company.

### Personal Information

Name:		
Street Address:		
City:	State:	Zip Code:
County:	Phone Number:	
Email:	Current Membership # (if applicable):	

### Membership Type (select one)

<u>Annual Memberships:</u>	<input type="checkbox"/> \$10 Youth (under age 18)	<input type="checkbox"/> \$35 American Hero *	<input type="checkbox"/> \$45 Standard	<u>Business Memberships:</u>
<u>Life Memberships:</u>	<input type="checkbox"/> \$750 Standard	<input type="checkbox"/> \$1,600 Endowment	<input type="checkbox"/> \$2,600 Benefactor	<input checked="" type="checkbox"/> \$50 Standard

\*American Hero includes active/retired law enforcement, firefighter, first responder, active duty military, and veterans

### Payment Information (if selecting Check/MO, skip Credit card section)

<u>Payment Type:</u>	<input type="checkbox"/> Cash/Check	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AmEx	<input type="checkbox"/> Discover
Additional One Time Donation: \$	Total Amount: \$		<input type="checkbox"/> YES <input type="checkbox"/> NO (Use CC for Auto Renew)		
Credit Card #:	Exp. Date: / /				
Signature (on Credit Card):	CVV #:				

### DISCLOSURE

By signing this form, I acknowledge that I support the efforts of Iowa Firearms Coalition, Inc. in the pursuit of creating a uniform, statewide process of firearms safety, training, and carry legislation. I acknowledge that the Second Amendment of the United States Constitution is an individual right, not a right of the collective state. I agree that my dues and donations will be used for the advancement of our cause, as determined by the Board of Directors of Iowa Firearms Coalition, Inc. I further agree that my dues are nonrefundable and that there is no guarantee or warranty of services or results of any kind. Membership in Iowa Firearms Coalition, Inc. is strictly "at will", and membership may be revoked at any time if a member is found to be non-supportive of the Right to Keep and Bear Arms, or is otherwise disruptive to the cause, purpose, or direction of the organization. Iowa Firearms Coalition, Inc. firmly believes in the privacy of its members, and our membership information will not be provided to any third-party agency of any kind without a valid court order.

**Membership runs from the date of application as entered on the membership form and membership expires on that month and day of the following calendar year.**

<u>Signature:</u>	<u>Date:</u> / /
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Submit this completed application along with payment to

Iowa Firearms Coalition, Inc.  
P.O. Box 310 Merville, IA 51039