

Hollow Point Defensive Shooters
IDPA Affiliated Club

Membership Application

Please Print Clearly

Date: _____

Are you and IDPA Member? Y or N IDPA #: _____
Are you a member of the Portage Gun Club? Y or N

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Brief Bio of Shooting History/Training/Certifications:

Other Shooting/Firearms/Club Memberships:

Make all checks payable to "Hollow Point Defensive Shooters" or "HPDS"
Please bring applications along with the \$20 membership fee to a Shoot or mail to:

Shane Marquadt
W4170 Sampson Rd.
Rio, WI 53960

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