



# Michigan Open Carry, Inc. Membership Application

Yes I want to support my right to open carry a firearm. Please accept my application for membership as follows:

Please check this if application is for membership renewal.

### Standard Membership

- 1 Year \$20
- 2 Years \$35
- 3 Years \$50

### Family Membership

- 1 Year \$30
- 2 Years \$55
- 3 Years \$80

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female

Please only fill out second name for Family Membership

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Michigan Open Carry Forum name (If not established please pick one): \_\_\_\_\_

Members each receive a personalized Membership Card and Membership in Michigan Open Carry, Inc. for the number of years selected. Membership applications take up to three weeks to process.

By signing below, I certify that all information provided above is accurate and that I am applying for membership in Michigan Open Carry, Inc. I consent to receive all organizational communications including notifications of meetings and business requiring a vote of the membership via email at the address provided.

X \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ALLOW 3 TO 4 WEEKS FOR PROCESSING**

Please make check or money order payable to Michigan Open Carry, Inc. and mail to:

Michigan Open Carry, Inc.

P.O. Box 16184

Lansing, MI 48901

### MEMBERSHIP MANAGER USE ONLY

Sub: \_\_\_\_\_ Gmail: \_\_\_\_\_ Date Mailed: \_\_\_\_\_