



# Iowa Firearms Coalition Membership Application

Name: \_\_\_\_\_

Forum "Screen Name" (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence (if in Iowa): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Your e-mail address and phone number will only be used for official IFC functions only. They will not be shared with any other third party or company.*

**IFC dues are \$25/year. Memberships run from January 1 through December 31 of each year. Members who join on or after September 1 of each year will automatically have their membership active for the following year.**

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 non-refundable, 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 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return your completed application and payment to:**

**Iowa Firearms Coalition, Inc.  
10201 University Avenue #A15-244  
Clive, IA 50325**

**Or give it to any officer of the organization.**