

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:

Standard Membership – \$20 *Family Membership* – \$30 *Student Membership* – \$10

Standard and student members each receive a personalized membership card and 1 year of membership in MOC, 5 informational brochures, 5 informational business cards and 1 key chain. For family memberships, a second family member over eighteen years of age will also receive a complete package.

Junior Membership – This special non-voting membership is offered free of charge to young Americans who have not yet attained their eighteenth birthday. Offers access to our online discussion forums so you may ask questions and learn more about responsible firearm ownership.

Reciprocal Organization Membership Discount – \$5 off a standard or family membership package or \$3 off a student membership package for members of a reciprocal organization.

Please also accept my additional contribution of \$ _____

Please check here if this application is for a membership **renewal**.

If this is a renewal, do you want new membership **card only** **complete package**.

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

Please complete second line for family membership applications only please.

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Michigan House of Representatives District #: _____

(See <http://www.michiganopencarry.org/?q=leg> page to look up your district)

Michigan Open Carry Forum Name (If established): _____

Reciprocal Organization: _____

Reciprocal Organization Forum Name: _____

I consent to receiving all organizational communications, including notifications of meetings and business requiring a vote of the membership via email at the address provided.

By signing below, I certify that all information provided above is accurate and that I am applying for membership in Michigan Open Carry, Inc.

X _____ Date: _____

Please mail your completed application and membership dues to:

Michigan Open Carry, Inc.
P.O. Box 8326
Eastpointe, MI 48021
(586) 913-1MOC
(586) 913-1662