

APPLICATION FOR MEMBERSHIP

Name:	
Street:	
City/town:	
State/Zip:	
Phone:	
Email:	
Membership Level	<input type="checkbox"/> *Full \$25.00 <input type="checkbox"/> Supporting \$20.00 <input type="checkbox"/> *Platinum \$100.00 * <input type="checkbox"/> I affirm that I am 18 years of age or older (Full and Platinum memberships – Ladies 18 years of age or older)
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Paid using PayPal

How did you hear about WDLNH? \_\_\_\_\_

What motivated you to join WDLNH? \_\_\_\_\_

\_\_\_\_\_

I hereby attest that I am not subject to any state or federal legal restriction that prevents me from lawfully possessing firearms.

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

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

*Parental/guardian approval required for children less than 18 years of age.  
Membership dues are non-refundable and not transferable.  
Note: Membership subject to approval of WDL's Board of Directors*

\*\*\* Mail completed application and payment (do not send cash) to:  
Women's Defense League of New Hampshire  
PO Box 2335  
Concord, NH 03302

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