



Florida Police Combat League (FPCL)

Application for Membership
Complete the entire application
Please print the information clearly

NAME: _____
First Middle Last Rank or Title

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____

DEPARTMENT/AGENCY: _____

AGENCY ADDRESS: _____

NRA#: _____ Other# _____

NRA CLASSIFICATION: OPEN REVOLVER _____ OPEN SEMI-AUTO _____
SERVICE REVOLVER _____ SERVICE AUTO _____

Active shooters attach a copy of your NRA Membership Card and PPC Classification Card

I certify that I am eligible to compete in NRA sanctioned combat matches under Rule 2.4. I am a current NRA member. I understand that upon my failure to meet these requirements, my membership is immediately and automatically void with no resultant refund of membership fees. I further understand that it is each individual's responsibility to have his/her Law Enforcement Identification, his/her NRA classification card and his/her NRA membership in his/her possession when entering and competing in Police Combat tournaments. **(ASSOCIATE MEMBER CANDIDATES – CROSS OUT CERTIFICATION AND SIGN BELOW)**

Signature

Date

Yearly dues of \$25.00 must accompany this membership application and the application must be signed and dated. Make checks payable to Florida Police Combat League.

Mail to:

Mike Merritt
411 N Franklin St
Tampa, FL 33602
FPCL1500@gmail.com

