

**Missouri Valley Arms  
Collectors Association, Inc.**  
P.O. BOX 6013, Leawood, KS 66206-0013



**Membership Application**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address

Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Date and Place of Birth

Month \_\_\_\_\_

Date \_\_\_\_\_

Year \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country (Like USA) \_\_\_\_\_

If not born in U.S. give naturalization number \_\_\_\_\_

Married \_\_\_\_\_

Single \_\_\_\_\_

Employment

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Are you a previous member of MVACA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, approximately when? \_\_\_\_\_

Are you presently a member of the National Rifle Association? Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Are you now a member of any other arms Collecting or Shooting Organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please list \_\_\_\_\_

Do you now hold an F.F.L. License? Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, Collector \_\_\_\_\_

or Dealers \_\_\_\_\_

Type of Arms Collected:

Modern (post-1898) Long \_\_\_\_\_

Short \_\_\_\_\_

Modern (post-1898) Long \_\_\_\_\_

Short \_\_\_\_\_

Short \_\_\_\_\_

Edged Weapons \_\_\_\_\_

I certify that I am a citizen of the United States; that I am not now nor have I ever been a member of any organization which has any part of its program that attempts to overthrow the government of the United States by force or violence; that I have never been convicted of a crime of violence and am not now under indictment for any crime; that I am seriously interested in the collection of Arms and am of good moral character.

I further certify that all information provided above is true and correct to the best of my knowledge and understand that falsification of such be deemed sufficient for suspension for this Association at any time hereafter; that if accepted as a member of the Missouri Valley Arms Collectors Association, Inc., I will read and abide by the By-Laws, Rules, Regulations and Decision of the Association at all times. I also certify that MVACA will not be held responsible by me or my heirs for a theft or accident during any MVACA function.

As a prospective Junior (under 21) Regular (21 up) I am depositing with an MVACA officer \$ \_\_\_\_\_ which, if membership is accepted, will constitute dues for the balance of the calendar year of 20 \_\_\_\_\_. Should membership not be accepted at the next monthly Association meeting, the \$ \_\_\_\_\_ must be refunded. I accept that this application is subject to the membership's acceptance at the next regular monthly Association meeting and a criminal records check which is authorized by my signature below.

\_\_\_\_\_  
Prospective Member Legal Signature

Sponsor \_\_\_\_\_ MVACA Card No. \_\_\_\_\_

Sponsor \_\_\_\_\_ MVACA Card No. \_\_\_\_\_

Date accepted by Membership Vote \_\_\_\_\_ Membership Secretary \_\_\_\_\_