



KENTUCKY CONCEALED CARRY COALITION

POST OFFICE BOX 1269 • FRANKFORT, KY 40602-1269

Because the right to protect yourself shouldn't stop at your front door.

MEMBERSHIP APPLICATION

Please print clearly. All information provided is confidential and for KC3 use only.

New Member Renewal (Current member number): _____

Name _____ Male Female

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Email _____

How did you hear about us? _____

If a referral, who? _____

Please choose a membership option:

One Year (\$25) Three Years (\$55)

Signature _____ Date _____

Send application with check or money order payable to Kentucky Concealed Carry Coalition:
KC3 Membership, P.O. Box 1269, Frankfort, KY 40602

Contact us through our website at kc3.com or
Facebook at: www.facebook.com/KyConcealedCarryCoalition