

Please Print this application from your browser

Caution: This is a large file and will take some time to print

Application for Membership in The American Pistolsmiths Guild, Inc.

(PLEASE PRINT OR TYPE)

\*\*\*THE ENCLOSED INFORMATION IS CONFIDENTIAL AND WILL NOT

BE RELEASED BY THE AMERICAN PISTOLSMITHS GUILD.

ALL APPLICANTS MUST FILL OUT THIS SECTION

LAST NAME FIRST M. I.

ADDRESS

CITY STATE ZIP

HOME PHONE BUSINESS PHONE

IF YOU OPERATE YOUR OWN BUSINESS, FILL OUT THIS SECTION:

BUSINESS NAME

ADDRESS

CITY STATE ZIP

BUSINESS PHONE FAX NUMBER

E-MAIL WEB PAGE ADDRESS

IF YOU ARE EMPLOYED BY ANOTHER BUSINESS,  
FILL OUT THIS SECTION:

EMPLOYER'S NAME

ADDRESS

CITY STATE ZIP

EMPLOYER'S PHONE NUMBER

IF YOU ARE A MILITARY ARMORER PLEASE FILL  
OUT THIS SECTION:

BRANCH OF SERVICE GRADE

UNIT OF ASSIGNMENT

ADDRESS

BASE OR POST STATE ZIP

BASE OR POST PHONE NUMBER

ALL APPLICANTS MUST FILL OUT THIS SECTION:

NUMBER OF YEARS EXPERIENCE AS A PISTOLSMITH

DO YOU HAVE A PRINTED CATALOGUE, BROCHURE, OR PRICE LIST? YES

NO (If yes, please enclose a copy of your catalogue, brochure, or price list with your application for membership.)

LIST ANY GUNSMITHING OR PISTOLSMITHING SCHOOLS YOU HAVE  
ATTENDED:

LIST MATCHES AND/OR SHOWS WHERE SAMPLES OF YOUR WORK MAY BE  
VIEWED:

LIST OF MACHINERY IN YOUR SHOP (lathes, mills, grinders, etc.):

TO WHAT PROFESSIONAL ORGANIZATIONS DO YOU BELONG?

ENCLOSE A PHOTOGRAPH OF YOURSELF (It is mandatory you enclose a

3 X 5 black and white photo of yourself with a light, one color background for the Guild directory. This photo should be done by a professional photographer or a photo booth picture will be acceptable!

PHOTOS OF YOUR SHOP AND EQUIPMENT ARE ALSO MANDATORY AND SHOULD BE ENCLOSED WITH THIS APPLICATION.

WHEN YOUR APPLICATION IS SENT, ALONG WITH YOUR CHECK SHEETS, A FIELD REPRESENTATIVE CLOSEST TO YOU, WILL BE ASSIGNED. THE FIELD REPRESENTATIVE WILL JUDGE YOUR WORK ACCORDING TO THE ENCLOSED CHECK SHEETS TO BE SURE IT MEETS GUILD STANDARDS. ONLY THEN CAN YOU BRING YOUR WORK TO THE ANNUAL GUILD MEETING. AT THE GUILD ANNUAL MEETING, YOUR WORK WILL BE SUBJECTED TO REVIEW AND APPROVAL OR DISAPPROVAL BY THE ENTIRE BOARD OF OFFICERS PRESENT.

IF YOU OPERATE YOUR OWN BUSINESS, FILL OUT THIS SECTION:

CREDIT REFERENCES: Preferably references from the firearms trade.

1. NAME

ADDRESS

CITY STATE ZIP

2. NAME

ADDRESS

CITY STATE ZIP

3. NAME

ADDRESS

CITY STATE ZIP

APPLICANTS BUSINESS BANK:

NAME

ADDRESS

CITY STATE ZIP

TELEPHONE NUMBER ACCOUNT #

## CUSTOMER REFERENCES

Each American Pistolsmiths Guild applicant is required to list at least six customer references including their name, address, and telephone number. Each person on your list should be someone who you have completed pistolsmithing work for in the last two years.

Customer references:

#1. NAME:

ADDRESS:

CITY, STATE, AND ZIP CODE:

AREA CODE AND PHONE NUMBER:

#2. NAME:

ADDRESS:

CITY, STATE, AND ZIP CODE:

AREA CODE AND PHONE NUMBER:

3. NAME:

ADDRESS:

CITY, STATE, AND ZIP CODE:

AREA CODE AND PHONE NUMBER:

#4. NAME:

ADDRESS:

CITY, STATE, AND ZIP CODE:

AREA CODE AND PHONE NUMBER:

#5. NAME:

ADDRESS:

CITY, STATE, AND ZIP CODE: AREA CODE AND PHONE NUMBER:

## PISTOLSMITHS GUILD SPECIALTY INFORMATION

LIST YOUR SPECIALTIES IN THE PISTOLSMITHING BUSINESS

1.

2.

3.

4.

5.

6.

7.

8.

9.

10

11.

12.

14.

15.

RETURN YOUR COMPLETED FORM, PHOTOS, FFL, REFERENCES, ETC. TO:

JACK WEIGAND, PRESIDENT

AMERICAN PISTOLSMITHS GUILD AMERICAN PISTOLSMITHS GUILD

WEIGAND C.H. INC

685 SOUTH MAIN ROAD

MOUNTAIN TOP PA 18707

Ph. 570-868-8358

E-Mail: [sales@jackweigand.com](mailto:sales@jackweigand.com)

**\*ENCLOSE A COPY OF YOUR FFL WITH YOUR APPLICATION\***