

JOIN THE MOVEMENT

HELP PROTECT YOUR RIGHTS

CONNECTICUT CITIZENS

CCDL



DEFENSE LEAGUE Inc.

PLEASE MAIL FORM TO

CCDL
P.O Box 642
GROTON, CT
06340

(PLEASE PRINT CLEARLY)

FIRST NAME: _____ LAST NAME _____

ADDRESS: _____

EMAIL: _____

PHONE (HOME): _____

PHONE (CELL): _____

*** OPTIONAL**

Please list any Firearms Special Training (Certified NRA Instructor, FFL, etc.)

