MEMBERSHIP APPLICATION JACKSONVILLE GUN CLUB, INC

PLEASE NOTE: Any irregularity of procedure present in the issuance of any membership pursuant hereto shall be Grounds for terminating and revoking said membership

This application must be completed with ink only. No blanks please.

Name_____Phone # - Home_____Cell_____

Address_____City_____State_____ZipCode_____

Employer_____Business phone _____Title_____

Business address_____ City_____State___Zip Code_____

Age____ Date of Birth_____Sex____Height_____Weight_____Marital Status: M_ S_

Spouse's name_____

Children (1)_____ Age____ (2)_____ Age____
(3)_____ Age____ (4)_____ Age____

Email address(s) (1)_____ (2)_____

Memberships

NSSA#_____ATA #_____NSCA#_____NRA#_____Other Mem #_____

Mail club correspondence to Home Email address_____Other_____

Applicant's signature_____ Date_____

For Life Membership only, Sponsoring Members _____
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For Official Use Only

The above application, having been referred to the Board of Directors of the Jacksonville Gun Club, Inc. is hereby:

APPROVED __ REJECTED __ on this ___day of _____, 20_____
For Annual ____ Life ____ Membership Funds supplied$_____
Membership Number_____ Attached is $_____
_____President, Jacksonville Gun Club, Inc.