

EL PASO GUN CLUB
MEMBERSHIP APPLICATION

Last Name _____ First Name _____ Middle _____
Address _____
City _____ State _____ Zip Code _____

Contact Information:

Home (____) _____ - _____ Cell (____) ____ - _____ Email _____
Date of Birth (M-D-YR) ____/____/_____
Place of Employment _____ Occupation _____
NRA Member (Yes) _____ (No) _____ NRA Member _____

Spouse: _____

Children living at home and ages:

_____	Age	_____	Age
Children 1		Children 2	
_____	Age	_____	Age
Children 3		Children 4	

Certifications:

I hereby certify that I may legally possess and/or utilize firearms under current federal, state, and municipal laws and statutes.

I agree to observe all safety rules, be bound by the liability waiver, and agree that this extends to my family and guests.

I hereby request consideration for membership in the El Paso Gun Club, Inc., and certify all the above information is true and correct to the best of my knowledge and that I have read the Club rules and liability waiver.

By signing this I agree to the above.

Signature _____ Date _____

You must be interviewed by an officer of the Club. To make an appointment contact the Club by email president@elpgc.com.

Club Officer Name _____ Signature _____

Make Checks payable to: El Paso Gun Club, Inc.

\$60 – yearly membership January 1 through December 31

\$90 – new members joining July 1 through December 31 pay for the remainder of the current year and all of the following year.

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