

**EL PASO GUN & MARKSMANSHIP
MEMBERSHIP APPLICATION**

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ Date of Birth ____/____/____

Employer _____

NRA Member (Y) _____ (N) _____ Member # _____

Spouse Name _____

Children living at home

Child 1 _____ Age _____ Child 2 _____ Age _____

Child 3 _____ Age _____ Child 4 _____ Age _____

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 and Marksmanship and certify all the above information is true and correct to the best of my knowledge and that I have read the ASSOCIATION RULES, BY-LAWS and LIABILITY WAIVER.

Prospective members are required to be interviewed by an officer of the Association. For an appointment, please send an email to president@elpgc.com. Please fill out and bring this application to the interview.

Do not sign this application until you have met with an officer of the Association.

By signing this application, I agree to the above certifications.

Applicant Signature _____ Date _____

Officer Signature _____ Date _____

Make checks payable to: **EL PASO GUN AND MARKSMANSHIP**

\$100.00 per year