EMAIL FORM TO:
info@galvestonrpc.com

DATE: _____

Galveston Rifle & Pistol Club, INC.
P.O. Box 3001
Galveston, TX 77552

FOR CLUB USE ONLY
RECEIVED: _____
PROCESSED: _____
PAYPAL: _____
CHECK NUMBER: _____
CHECK AMOUNT: _____

2027 MEMBERSHIP RENEWAL FORM

Memberships limited to 700

FAMILY of 4: (Primary, Spouse, and/or 2 juniors (8-17 yrs)

Name:	Member#	D.O.B.	$299.00

FAMILY OF 2: (Member and Spouse)

Name:	Member #	D.O.B.	$274.00

SINGLE ADULT:

Name:	Member #	D.O.B.	$225.00

GUEST CARD: One Only: **$149.00** ☐

GATE CARD: (Highly Recommend) **$25.00** ☐

TOTAL AMOUNT REMITTED: (Price includes 8.25% tax, processing, and CC fees) **$** _____

Mailing Address:	Email Address: Member & Spouse	Cell Phone # All Adults

"I HAVE READ AND AGREE TO ABIDE BY THE CLUB RANGE RULES" _____