

AVGC - RENEWAL/CHANGE OF ADDRESS FORM

Please Print CLEARLY

DATE: _____

PERSONAL INFORMATION: Each member is required to complete even if no changes occurred in prior year.

Full Name:

Nickname:

Regular (\$120) Senior (Age 65 & +) Associate (\$0) On Probation
(\$120) (\$48) (Zero Due) (Zero Due)
 NOT RENEWING REASON OPTIONAL:

If you are an Associate Member, please indicate Member's Name:

Mailing

Address:

City:

St:

Zip:

Home

Cell

Phone #:

Phone #:

Email Address:

Date of Birth:

Age you are turning this year:

NRA INFORMATION

Type: Annual 1, 3, 5
 Life
 Other _____

NRA Number: _____

Expiration Date: Life
or

AVGC RENEWAL INFORMATION

Years included in this renewal (you can pay ahead) Year: _____ Indicate Add'l: _____

Was your 6 hour work requirement met for the prior calendar year? Yes

No

If NO, \$100 additional is due for renewal. If YES, please attach work card or copy of the card below.

Work Fee, if applicable: \$ _____ Renewal Fee \$ _____ Total Enclosed \$ _____

You MUST complete the Waiver & Release of Liability on the reverse of this page. Date, print name, and sign name to be VALID

COPY OF
NRA CARD

WORK HOURS
CARD OR COPY

Mail this document to: Apple Valley Gun Club Attn: Renewal, PO Box 786, Victorville, CA 92393
PLEASE DO NOT USE THE STREET ADDRESS AS THE POST OFFICE WILL NOT DELIVER IT.

Please Complete Reverse Side

AVGC RENEWAL REV 1/2019 ecs