

APPLE VALLEY GUN CLUB 2022 RENEWAL/CHANGE OF INFO

| PERSONAL INFORMATION | | | | | | | |
|---|--|--|-------------------------|----------------|---------------|-----|------|
| Full Name | Date: | | | I.D. Nickname: | | | |
| <input type="checkbox"/> Regular Member (\$120) <input type="checkbox"/> Senior Member (65 and up in 2022) (\$48) <input type="checkbox"/> Associate Member (\$0) | | | | | | | |
| MEMBER'S name if you are on as their Associate Member: | | | | | | | |
| Mailing Address: | | | City: | | | ST: | Zip: |
| Home Phone #: | | | Cell Phone #: | | | | |
| Email Address: | | | | | | | |
| Date of Birth: | | | Age turning this year: | | | | |
| NRA INFORMATION | | | | | | | |
| Type | <input type="checkbox"/> Annual <input type="checkbox"/> Life <input type="checkbox"/> Other _____ | | Annual Expiration Date: | | | | |
| | | | NRA Number: | | | | |
| AVGC RENEWAL INFORMATION (See Renewal Instructions for Detailed Information) | | | | | | | |
| Year or years included in this AVGC renewal (you can pay ahead): | | | | | 2022 or _____ | | |
| Was your 6 hour work requirement met in 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No - I have enclosed an extra \$100 for the work buyout, or have included a CURRENT medical waiver, or have aged out. | | | | | | | |
| Medical Exemption MUST include CURRENT medical waiver. Age Exemption = 80 in 2022. | | | | | | | |
| Work fee, if applicable \$ _____ Renewal Fee \$ _____ Total Enclosed \$ _____ | | | | | | | |

(SEE WAIVER ON THE REVERSE SIDE)

AFFIX COPY
 OF NRA
 CARD

AFFIX COPY
 OF WORK
 CARD

Mail this document to: Apple Valley Gun Club Attn: Renewal, P.O. Box 1958, Victorville, CA 92393 (Please do not mail to the street address as it will be undeliverable)