

APPLE VALLEY GUN CLUB MEMBERSHIP APPLICATION

Date: _____

Please fill out all spaces CLEARLY. You will not receive important club information if your data is entered incorrectly because we can't read your input.

Full Name: _____

Memberships: Regular (\$160) _____ Senior (age 65+) (\$60) _____ Associate (\$0) _____

If Associate, who is the primary member: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Contact Phone#: _____ Occupation: _____

Date of Birth: _____ Age you are turning this year: _____

Email PRINT CLEARLY: _____

NRA or CRPA Membership Information:

Type: Annual – how many years? _____ Life

Membership Number: _____ Expiration Date (N/A for life members): _____

Qualifications:

Have you ever been convicted of any crime or otherwise been barred by a legal authority from possessing firearms?

Yes No

Have you ever had a membership terminated by any gun club in the United States? Yes No

Do you have any physical or mental disability that would interfere with your ability to safely handle firearms?

Yes No

PLEASE READ THE FOLLOWING AND SIGN AND DATE BELOW:

Membership with the Apple Valley Gun Club (AVGC) will be available to persons who are legally able to possess a firearm. AVGC members must be in compliance with all federal, state, and local laws concerning ownership and handling of firearms. Membership will be granted and may be revoked at the discretion of AVGC.

I certify as follows: (1) that I am not and have never been the subject of a criminal or any other proceeding that prevents me from legally owning, handling, or possessing firearms under California or Federal Law; (2) that I can lawfully own, handle, and possess a firearm; and (3) that all information provided in this Application is true and correct to the best of my knowledge. I agree to comply with the Bylaws, Policies & Procedures, and the Range Safety Regulations of the Apple Valley Gun Club as well as the Membership Waiver and Release of Liability, Assumption of Risk, and Indemnity Agreement as made a part of this application.

Signature: _____

Date: _____

This Application for Membership cannot be accepted or processed without the Membership Waiver & Release of Liability Form signed and dated. If waiver is not on the reverse side of this form you must submit it as a separate document.

