

El Paso Gun Club Membership Application



Last Name _____ First Name _____ M.I. ____
Address _____
City _____ State _____ Zip Code _____
Birth Year _____ Primary Phone _____ Secondary Phone _____
Place of Employment _____ Occupation _____
Email _____

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 Club, Inc., and certify all of the above information is true and correct to the best of my knowledge and that I have read the club rules and liability waiver.

Signature: _____ Date: _____

You must be recommended by a member in good standing or be interviewed by an officer of the club.

Recommended by:

Member Name: _____ Card Number _____

Signature: _____

Make checks out to: El Paso Gun Club

Send to: Sue Critz, 4541 Monahans Dr, El Paso TX 79924

Schedule of dues based on month joining:

New members joining January 1 thru June 30 shall pay \$60.00. New members joining July 1 thru December 31 shall pay \$90.00 which will include the following year.

Note: All dues expire on December 31. New members joining July through December pay balance of current year plus all of the following year.

You must fill out the application, print, sign, and mail it to apply for membership.