

BELTON GUN CLUB, INC.

Membership Application

(Print Legibly)

NAME _____ DATE OF BIRTH _____

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE _____ EMAIL _____

OCCUPATION _____ NRA MEMBERSHIP NUMBER _____ TYPE _____

Are you now, or have you ever been a member of any other gun club during the past five years? _____

If so, what is the name of the club? _____

Have you ever been expelled from or denied membership in any gun club? _____

If so, what was the reason? _____

Can you legally own a handgun? _____ Can you legally purchase a firearm? _____

I certify that I am a citizen of good repute of the United States of America; that I am not a member of any organization or group having as its purpose or one of its purposes, the overthrow by force and violence of the government of the United States or any of its political subdivisions; that I have never been convicted of a crime of violence; and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and citizenship.

I understand that, if I am approved for membership in BGC, I am in a probationary status for one year, and, as such, am not eligible to sponsor new members or to vote on any issue during that time. I further understand that, before I can be approved as a probationary member, I must successfully complete the BGC range safety orientation. I also understand that my application will be reviewed at the end of the probationary period and a vote taken to determine whether or not I will be accepted as a full member in good standing. I understand that any deliberate effort on my part to supply false or misleading statements on this application will result in the immediate termination of the membership process.

I agree to accept any duties and/or responsibilities delegated to me by BGC and to abide by the rules and regulations set up for the operation of the Club by the official by-laws and officers of the Club. I further agree that I will not hold the Belton Gun Club, Inc. liable in any respect for accidents or injuries occurring or received at any of the activities or facilities controlled by the Club.

SIGNATURE _____ DATE _____

SPONSOR _____ SPONSOR _____
(Signature) (Signature)

SPONSOR
PRINTED: _____

PAYMENT RECEIVED: _____
(Amount) (Date) (Signature)

COMPLETED SAFETY ORIENTATION _____
(Date) (Signature)

MEMBERSHIP APPROVAL DATES _____
(Probationary) (Full)