

N O R C R O S S

Gun Club and Range

NORCROSS GUN CLUB AND RANGE MEMBERSHIP APPLICATION			
APPLICANT INFORMATION			
Name:		E-Mail:	
Date of birth:	Optional SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Drivers License#	State:	Expiration Date:	
Address same as above: Yes No	Cell #		
GEORGIA FIREARMS LICENSE			
County where permit is registered:			
Number:		Expiration Date:	
SPOUSE INFORMATION IF FAMILY MEMBERSHIP			
Name::		E-Mail:	
Date of birth:	Optional SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Drivers License#	State:	Expiration Date:	
Address same as above: Yes No	Cell #		
SPOUSE GEORGIA FIREARMS LICENSE			
County where permit is registered:			
Number:		Expiration Date:	
SIGNATURES			
<p>I certify that all information herein is true and complete to the best of my knowledge and belief. I authorize verification of this information, and release all concerned from any liability in connection therewith. I hereby apply for membership at Norcross Gun Club and Range and have read and understand the qualifications of membership, application fees, and dues payment requirements. I agree to abide by Norcross Gun Club and Range bylaws, range rules, adhere to its code of ethics, and to promote its objectives. Providing false or misleading information in this application form or failure to adhere Norcross Gun Club and Range bylaws and code of ethics shall be grounds for denial of membership or expulsion from Norcross Gun Club and Range whenever discovered.</p>			
Signature of applicant:		Date:	
Signature of spouse <i>(only if for a family membership):</i>		Date:	