

**Morgan county gun club
Membership application**

Name:
(Last) _____ (First) _____ (Middle) _____

Address: _____

Date of Birth (MM/DD/YYYY) _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address** _____

Occupation: _____

Previous shooting club memberships and any office held:

Family Members living at home: _____

Have you been charged or convicted of any crimes other than petty traffic offenses: YES NO

Are you legally able to own and/or possess firearms: YES NO

Any comments you would like to include in this application that you think this club should know: (*Why you want to join this club or do you have any special talents*)

Signature

Date

For club use only:
Background check: Yes No Date _____
Attended club shoot: Yes No
Has received Club rules and bylaws: Yes No
Membership accepted: Yes No Date _____

Mail this application to:
Morgan County Gun Club
P.O. Box 891
Fort Morgan, CO 80701

President's Phone #867-3501
Secretary's Phone #867-7203