

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 (required) _____ Occupation _____

Previous shooting club memberships and any office held:

Family Members living at home: _____

Have you been arrested? YES NO

With your signature below you are giving permission for your arrest record to be distributed to the members at the voting meeting, allowing them questions.

Are you legally able to purchase and possess firearms: YES NO

Notes:

1. The Club will obtain an arrest record. Any false statement (s) will cause applicant to be rejected.
2. The fee charged for the arrest record is non-refundable.
3. Results of the Arrest Record are provided to voting members and subject to Club by-laws and member vote.

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*)

Applicants Signature

Date

I observed _____ shooting at the range on _____ and they shot the following firearms in a safe and proper manner:

Sponsoring Member

Date

Mail this application to:
Morgan County Gun Club
P.O. Box 891
Fort Morgan, CO 80701
Secretary's Phone #867-7203