

Fort White Gun Club, Inc.

PO Box 435
Fort White, FL 32038
(386) 497-9403 (answering machine)

For Office Use Only	
Date rec'd: _____	
Check # _____	
Cash: _____	
Databased _____	
RST Date _____	By _____

Membership Renewal 2010

Name : _____ (please print)
Address: _____ Apt.# _____
City: _____ State: _____ ZIP _____
Spouse's Name(IF included in membership): _____
Contact phone# () _____ NRA # (if member) _____
Optional Email: _____

Junior Members (Between 8 and 18 years of age) Add a page for more than 4 children.
When a child turns 18 - they must apply for their own membership.

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Check all applicable categories and make your check in the appropriate amount.

() Optional Donation for range improvements \$ _____
() SINGLE member Annual Dues \$ 65.00 \$ _____
() FAMILY membership includes Spouse only \$ 75.00 \$ _____
() JUNIOR membership @ \$ 5.00 per child.

_____ number of children x \$5.00 each = _____ \$ _____

TOTAL amount Enclosed: _____

Do NOT send Cash. Number on the check you are sending: _____

Please be reminded that the membership year ends 12/31. You will receive Renewal Forms in the club newsletter . Failure to submit renewal forms and checks in a timely manner will result in loss of club privileges and it will be necessary to begin the membership application process again - to include submission of the \$20.00 initiation fee.

By signing below, I acknowledge that I understand and will abide by the Range Rules, and that I am responsible for the actions of any minors or guests who may accompany me.

Member Signature

Date

ID Cards or stickers with gate combination will be provided for ADULTs

The Gate combination WILL change 12/31/09.