

Office Use

Check rec'd: _____ Check #: _____
Amount: _____ Databased: _____
Card made: _____ Mailed: _____

Fort White Gun Club, Inc.

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

Membership Renewal

Name : _____ (please print)
Address: _____ Apt. # _____
City: _____ State: _____ Zip _____
Spouse's Name (ONLY 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 range improvement donation \$ _____
- () SINGLE member Annual Dues - \$ 65.00 \$ _____
- () FAMILY membership includes Spouse - \$ 75.00 \$ _____
- () JUNIOR membership(s) @ \$5.00 per child. \$ _____

TOTAL Amount Enclosed: \$ _____

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

The membership year ends 12/31. **Gate combinations change at that time.** The grace period for renewals ends January 31. **If your renewal forms and check are not received by then, you lose club privileges** and it will be necessary to begin the membership application process again. This includes paying the \$20 initiation/administrative 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 with gate combination will be provided for ADULTs