



## THE GUN SHOP — MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	
Current address:		
City:	State:	ZIP Code:
SCDL#:		

### EMERGENCY CONTACT

Name:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

### SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:		Phone:

### CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name/age	Name/age
Name/age	Name/age

### SIGNATURES

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	EXP Date:
EMAIL	