



Membership Application

Send completed Membership Application and Check, Liability Waiver, and Range Safety Rules to: P.O. Box 1223, McCall, ID 83638

Name: _____
 First M.I. Last

Address: _____
 Street Address/P.O. Box City

 State Zip Code

Telephone: Home (_____) _____ Cell (_____) _____

Email Address: _____

Age at date of signing: _____ Birthdate: _____

Occupation: _____

Informational Survey

Are you an NRAS Member? Yes _____ No _____ If Yes, Membership #: _____

Do you hold Training Credentials or Memberships with NRA or other similar Organizations?

Yes _____ No _____ If Yes, please list: _____

Are you willing to work on Club Committees and/or Club Projects? Yes _____ No _____ What is your level of experience with Firearms? _____ What is your primary interest in joining the VCGC?

Hunting _____ Trap Shooting _____ Rifle Shooting _____

Black Powder _____ Archery _____ Pistol Shooting _____ Other _____

Range Rules Received & Read _____ (initial)



Signature: _____ Date: _____

Membership Requested (Category must be marked)

_____ Individual \$50 _____ Family* \$75

***Immediate Family Members Only —living at home
(Spouse, Significant Other, Children up to 21 yrs)**

List information for each family member on page 2

Office Use Only

Membership Paid

Check# _____ Cash _____

Credit Card _____ Amt _____

Date _____

Family Members

Name:	_____	_____	_____
	First	M.I.	Last
Relationship:	Spouse____	Significant Other____	Child____ (B.D.____)
Address:	_____	_____	_____
	Street Address	City	
	_____	_____	_____
	State	Zip	
Name:	_____	_____	_____
	First	M.I.	Last
Relationship:	Spouse____	Significant Other____	Child____ (B.D.____)
Address:	_____	_____	_____
	Street Address	City	
	_____	_____	_____
	State	Zip	
Name:	_____	_____	_____
	First	M.I.	Last
Relationship:	Spouse____	Significant Other____	Child____ (B.D.____)
Address:	_____	_____	_____
	Street Address	City	
	_____	_____	_____
	State	Zip	
Name:	_____	_____	_____
	First	M.I.	Last
Relationship:	Spouse____	Significant Other____	Child____ (B.D.____)
Address:	_____	_____	_____
	Street Address	City	
	_____	_____	_____
	State	Zip	

A signed Release Waiver must be filled out and signed for each family member listed, and must accompany the Membership Application