

**EL PASO GUN & MARKSMANSHIP  
MEMBERSHIP APPLICATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address, City, ST, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address (required) \_\_\_\_\_

Employer \_\_\_\_\_

Spouse Name \_\_\_\_\_

Children (living at home):

Child 1 \_\_\_\_\_ Age \_\_\_\_\_ Child 2 \_\_\_\_\_ Age \_\_\_\_\_

Child 3 \_\_\_\_\_ Age \_\_\_\_\_ Child 4 \_\_\_\_\_ Age \_\_\_\_\_

Please provide basic information for the vehicle(s) you will bring to the range:

<u>YEAR</u>	<u>MAKE / MODEL</u>	<u>COLOR</u>	<u>LICENSE PLATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CERTIFICATIONS:**

**I hereby certify that I may legally possess and/or utilize firearms under current federal, state, and municipal laws and statutes.**

**I agree to read and observe all rules and regulations of the Club, and agree that these also extend to my family and guests.**

**I hereby request consideration for membership in El Paso Gun and Marksmanship and, by signing this application, certify all the above information is true and correct to the best of my knowledge.**

**Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**