

Fort White Gun Club, Inc.

RETURN MAIL ADDRESS:

PO Box 435

Fort White FL 32038

Voicemail 386 497 9403

Membership Renewal 2027

Name*: _____

Address*: _____

City*: _____

State*: _____ Zip*: _____

Spouse: (if applying for membership) _____

Contact phone*: _____

Contact Email*: (newsletter and communication)

Email: _____

NOTE: **We are updating all records with current phone number and email address.** We will be sending the newsletter and match updates via email. You will be able to opt out of the newsletter emails if you wish.

Sponsored Junior Members: (ages 8-18, beyond 18yrs of age will need to apply for own membership)

Name: _____ Age _____

_____ Age _____

_____ Age _____

The membership ends 12/31 each calendar year. The gate combination changes every calendar year. If you miss the deadline, you will be required to begin membership application again and pay a \$20.00 administration fee.

Please fill out all information legibly and in detail. Any errors or omissions will result a \$25.00 administration fee for returning and resubmission. Replacement ID cards are provided at a cost of \$15.00 per card. ID cards with combination are provided to adults only.

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Check all applicable categories

- | | |
|---|----------|
| 1) Range improvement donation | \$ _____ |
| 2) Single member annual dues \$100.00 | \$ _____ |
| 3) Family membership (includes spouse) \$125.00 | \$ _____ |
| 4) Sponsored Junior membership @ \$10.00 per child under 18yrs. | \$ _____ |

TOTAL AMOUNT ENCLOSED VIA CHECK*

PLEASE DO NOT SEND CASH

CHECK # _____ \$ _____

By signing below, I acknowledge that I understand and will abide by all range rules; I am responsible for the actions of minors or guests who may accompany me.

Member Signature* _____ Date* _____

Spouse Signature _____ Date _____

* Required

Office Use:

Date Check Received _____ Check # _____

Amount Received _____ Date Filed in record _____

Member card Made & Mailed _____