



APPLICATION FOR MEMBERSHIP

Dallas Gun Club
P.O. Box 292848
Lewisville, TX 75029-2848
972-462-0043

Name in Full _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

Resident Address _____ City _____ State _____ Zip _____

Home Phone _____ Single ___ Married ___ Spouse's Name _____

Children Under 25 (Name and Age) _____

Business Affiliation _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Business Fax _____

Cell Phone _____ E-Mail _____

Principal Interest in Club: ___ Skeet ___ Trap ___ ZZ Birds ___ Sporting Clays ___ Rifle
___ Pistol ___ Social ___ 5-Stand ___ Bunker ___ Other _____

Other Social Club Affiliations _____

Give Three Personal References (Please do not use the same members who are signing on the next page)

Name	Business	Address	Daytime Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by Court? YES ___ OR NO ___ (Check one) If yes, please explain

By signing this application, I acknowledge, if I am accepted into membership, that I will accept and become familiar with the Rules, Policies and Operating Guidelines promulgated by the Board of Directors of the Dallas Gun Club and agree to abide by them while participating in club activities. I also understand and agree, if I am accepted into membership, that I am responsible for the conduct of any guests that I may invite to participate in club activities and will ensure that they conduct themselves safely in accordance with the safety rules of the club.

Signature of Applicant

