

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



APPLICATION FOR RESIDENT MEMBERSHIP

Name in Full _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

Resident Address _____ City _____ State _____ Zip _____

Primary Phone _____ Cell Phone _____

Primary E-Mail _____

___ Single ___ Married

NOTE: All Dallas Gun Club statement communications will be sent via email.

Spouse's Name in Full _____ Spouse Date of Birth _____

Spouse Resident Address _____ City _____ State _____ Zip _____

Spouse Cell Phone _____ Spouse Primary E-Mail _____

Children 25 and under (Name and Date of Birth) _____,
_____, _____,
_____, _____, _____.

Business Affiliation _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ E-Mail _____

Principal Interest in Club: Skeet___ International Skeet___ ATA Trap___ Bunker Trap___ Helice/ZZ Birds___ 5-Stand___

Sporting Clays___ Training Grid___ Rifle and Pistol Range___ Social/Dining___ Competitive Shooting___ Instruction___

Other Social Club Affiliations _____

Give Three Personal References

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

Were you referred by a DGC Member? Yes___ No ___ If yes, who _____

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

