

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

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**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. My failure to pay any installment of the Initiation Fee on its due date(s) will be deemed to constitute my immediate surrender of my membership and the forfeiture of all monies I have previously paid to the Dallas Gun Club. Memberships may not be sold or transferred until the Initiation Fee has been paid in full.

\_\_\_\_\_  
*Signature of Applicant*

1. All Membership applications must be approved by the Membership Chairman and the Board of Directors of the Dallas Gun Club.
2. All references will be personally contacted by the Membership Chairman.
3. **An application fee of \$100 must accompany each completed and submitted Application. This fee is non-refundable and will be applied to the Initiation Fee upon Membership acceptance. The submission of a completed application and the payment of the Application Fee will entitle the Applicant to remain on the waiting list until such time as the Applicant is considered for membership.**
4. We are required by the State of Texas to collect sales tax on the Initiation Fee and on dues.
5. Dues are payable in advance of March 1 and September 1 of each year. Dues are currently set at **\$260** per month
6. Payment for the Initiation Fee, sales tax, and Dues up to the next billing period will be required upon acceptance.
7. Current initiation fee for membership is **\$13,500**.
8. We encourage the Initiation Fee to be paid in a lump sum; however, the Applicant may select one of the Payment Methods described below:

- The payment of the lump sum Initiation Fee of \$13,500 upon Membership Acceptance.
- The payment of \$6,750 upon Membership acceptance with the balance due and payable (along with applicable dues) on the due date of the second dues statement after Membership acceptance.
- The payment of \$4,000 upon Membership acceptance with the balance due at the rate of \$475 per month for twenty (20) months payable with each upcoming dues statement after Membership acceptance until the amount has been paid in full.

APPLICANT NAME: \_\_\_\_\_

Membership Chairman \_\_\_\_\_  
*Print Name*

Membership Chairman's Signature \_\_\_\_\_ Date Interviewed \_\_\_\_\_

RIFLE RANGE VIDEO AND SAFETY VIDEO VIEWED AND WAIVER SIGNED                      YES                      NO