WATAUGA GUN CLUB
PO Box 2316
Boone, NC 28607
(828) 264-6539

Membership Application

Legal Name _____   Date _____

Preferred Name_____   Driver License #: _____

Home Address:

Street _____

City, State, Zip code _____

Phone # _____   E-mail _____

NRA Member Expiration: _____
NRA Member Number: _____

Mailing Address if Different Than Above:

Street _____

City, State, Zip code _____

<u>**Departmental Membership**</u> (Check if you are registering a Departmental memberships at WGC)

____ASU Police   ____Blowing Rock PD   ____OTHER _____
____ASU ROTC   ____APPRHS Police   ____Boone PD   ____Watauga County Sheriff's Office

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I am interested in membership in the Watauga Gun Club and if accepted will abide by the rules and by-laws of the club and support club activities. <u>I understand that an NRA membership is REQUIRED for WGC membership.</u>

Annual club dues of $200.00 are assessed for the calendar year, January through December. Club dues are to be paid at the meeting at which you are accepted for membership. All members will participate in a brief Range Use and Safety Instruction class upon acceptance into membership. New members are assessed a $50.00 initiation fee for their first year.

I understand that by signing this application, I consent for my name to be published in a newsletter or e-mail accessible by current WGC members in order to be considered for membership. I understand, acknowledge, and agree that WGC is a private club that reserves the right to refuse a membership application from any applicant for any reason, and that such reason is not required to be given by WGC if my membership application is denied. I further certify the information in this application is true and complete to the best of my knowledge.

Office Use:
Date first meeting _____   Date second meeting _____   Date dues paid _____

GATE CARD: _____   SAFETY CLASS: _____   NOTICE: _____

2025 APP