

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 _____

Membership Affiliation (Check if you are registering under one of the following agency's memberships at WGC)

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

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. I understand that an NRA membership is REQUIRED for WGC membership.

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: _____