

Sun City Gun Club

Membership Application

Date: _____ 2018

1st Applicant -----

First Name: _____

Last Name: _____

Email _____

Primary Phone: _____ Home/Cell

Alternate Phone: _____ Home/Cell

Sun City ID Number:(Required) _____

Address: _____

2nd Applicant -----

First Name: _____

Last Name: _____

Email _____

Primary Phone: _____ Home/Cell

Alternate Phone: _____ Home/Cell

Sun City ID Number:(Required) _____

Address: _____

**Annual Dues are \$10/person: CASH or CHECK
(Make checks payable to the Sun City Gun Club
and bring to monthly meeting)**