NEW MEMBER	MEMBER RENEWAL [
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GLOBE-MIAMI GUN CLUB APPLICATION

PO BOX 356 MIAMI, AZ 85539 520-284-0193

www.globemiamigc.com Email: gmgunclubmail@gmail.com

I wish to enjoy the benefits of active membership in the GLOBE-MIAMI GUN CLUB. I certify that I am a citizen of the United States, and that I am not a member of any organization or group which has any part of its program any attempt to overthrow the government of the United States or any of its political subdivisions by force or violence. That I have never been convicted of a crime of violence and that if admitted to membership, I will faithfully endeavor to fulfill the obligations of good sportsmanship and good citizenship.

NAME:								
(PLEASE PRINT)	Last Name	First	Middle					
Mailing Address:								
	(Number & Stree	(Number & Street or PO Box#)		State	Zip			
Residence								
	(Number & Stree	t)	City	State	Zip			
Email Address:								
Phone:	(Please include if you have one)							
	Home		Cell					
Date of Birth:	Occupation:							
Reference:								
(Print Name in Full, member of the Glob	for New Applicants Oi e-Miami Gun Club)	nly, not needed fo	r Renewals, refe	rence must be	a current			
Active Member - \$4	0.00 🔲 Jr.	Member: \$20.00						
NRA MEMBERSHIP ‡	t	Ехр	iration Date					
Total Amount Paid:		Cash	Check					
	EKEY (Plea		postage, applies	to renewals o	nly, new			

PLEASE SIGN MEMBERSHIP AGREEMENT ON REVERSE SIDE

MEMBERSHIP AGREEMENT

I have read Appendix A and Appendix B of the Globe-Miami Gun
Club Bylaws which pertain to range safety and personal safety rules.
I understand that I and any guests I may bring must follow all posted
range rules and other rules set forth in the appendices.
I understand that if I or any of my guests are observed violating any of
these rules I may be subject to disciplinary action from the club's
Executive Committee.
I also understand that the Globe-Miami Gun Club is not responsible or
liable for any incident/injury caused as a result of myself as a member
or any of my guests failure to follow posted range rules.
NAME:
SIGNATURE:
DATE: