

Four Corners Rod & Gun Club Membership Application

Please print clearly

To apply for membership, complete and sign this application and send it with the correct payment to **Membership, P O Box 7747, Salem, OR 97303**. All information submitted is confidential and will be used only for club purposes. New members must attend an orientation session on how the club operates and the club range rules before being issued membership items and allowed to use the club facilities. If you have any questions, please contact the club Secretary at: secretary@fcgc.info.

Name: _____
(First name, MI, Last name)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

E-mail Address: _____ Check to opt out of e-newsletter

Birth date: ___/___/___ **Occupation:** _____

Name	Relationship of Associate Member(s):	Birth date:
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

Only the spouse and children under age 18 living in the household of a full member are eligible to be associate members without majority approval of the Executive Committee.

NRA Member: () Yes () No

How did you hear about the club? _____

Recommended By: _____ **Member(s) Known:** _____

I certify that I am a legal resident of the United States of America 18 years of age or over and that I am not a member of any organization or group which has as any part of its program the intent 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; that it is legal for me to own, use and be around firearms; and if admitted to membership I will faithfully endeavor to fulfill the obligations of good sportsmanship, defend from waste the natural resources of the State of Oregon, and obey the club rules.

Signature of Applicant: _____ **Date:** _____

Membership dues may be charged to your credit card & emailed to secretary@fcgc.info

VISA _____ **MasterCard** _____ **AMEX** _____ **Check** _____ **Amount:** _____

Credit Card Number: _____ **Expiration Date (month/year):** _____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY BELOW DASHED LINE

Date Received: _____ **Member #:** _____ **Paid:** _____

Gate Card #: _____ **Second Card #:** _____