

MAXEY RIFLEMAN GUN CLUB, INC.
PO BOX 1091
PARIS TX 75461
MEMBERSHIP APPLICATION
(Please print legibly)

Name: _____
First MI Last

Address: _____
Street City State Zip

Primary Phone: _____ Alternate Phone: _____
(optional)

E-Mail Address for Newsletters, Dues Notices, etc.: _____

Date of Birth: _____

Spouse's Name: _____

Dependent's Name: _____ Date of Birth: _____

Dependent's Name: _____ Date of Birth: _____

Dependent's Name: _____ Date of Birth: _____

Dependent's Name: _____ Date of Birth: _____

Status (Circle One):

Regular \$100.00 (Dues + Initiation Fee)

NRA or TSRA Member \$80.00 (Dues + Initiation Fee)

Military* \$50.00 (Dues + Initiation Fee)

*Active Duty, Guard, Ready Reserve

NRA Membership Number: _____ TSRA Membership Number: _____
(Required for NRA Discount) (Required for TSRA Discount)

**Military Rank, Branch, Unit, and Duty Station: _____
(Required for Military Discount)

**CHL Number: _____

**Police Officer Badge Number: _____

**Military Members, Police Officers, and CHL Holders are exempt from the New Member Orientation

Total Amount Paid: \$ _____ Check #: _____

Signature: _____ Date: _____

Witnessed By: _____