

# Middle Georgia Gun Owners Association, Inc.

P.O. Box 4096, Dublin, GA 31040

(Membership includes Spouse and Children under 18 years of age)

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Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email address \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Place of employment \_\_\_\_\_ City \_\_\_\_\_

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### Recommended by

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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### FAMILY MEMBERS

Spouse \_\_\_\_\_ Emergency contact telephone number \_\_\_\_\_

#### Dependent children under 18 years of age

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

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I understand the membership dues received annually by this organization will not provide all the monies required to meet our annual expenses and as a member I accept responsibility for supporting this association by serving on the following committees:

(please check each category in which you can be of assistance)

Maintenance     Landscaping     Cooking     Pistol     Rifle     Shotgun     Muzzleloader

I am currently, or am interested in becoming, a certified firearms instructor and serving as a Training Officer.

Yes     No    I may be interested in serving on the board of directors and have experience in the following fields:

Public Relations     Clerical     Financial     Other \_\_\_\_\_

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I certify that I have read and understand the rules, regulations, and by-laws of the MIDDLE GEORGIA GUN OWNERS ASSOCIATION, INC. and will abide and comply with them.

I certify that I am legally permitted to own and possess firearms in the State of Georgia, If my status changes, I will notify the MIDDLE GEORGIA GUN OWNERS ASSOCIATION, INC. immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### OFFICE USE ONLY

Form received: \_\_\_\_\_ Application approved: \_\_\_\_\_ Money received: \_\_\_\_\_

Notification sent: \_\_\_\_\_ Safety course completed: \_\_\_\_\_ Membership card sent: \_\_\_\_\_