

Union County Gun Club Membership Application

Presently, we are a gun club without a range

Email communication is our main means of communication.

Please make sure your email address is legible.

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

Address: _____

City/State: _____ Zip: _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____ Date of birth _____

Are you a United States citizen? Yes No
Have you ever been convicted of a felony? Yes No
Do you have a Carry Permit? Yes No If yes, What State _____
Have you ever been in the military or law enforcement (LE)? Yes No

If yes: Branch/LE _____ Date _____ Are you retired from law enforcement or the military? Yes No

If yes: Branch/LE _____ Date retired _____
How did you hear about us? Newspaper Radio Rack Card Mail/Flyer

Internet search Website Referral

Which of the following products/services interests you?
Handguns Rifles Shotguns Training/Instruction Competition Archery

Have you completed any NRA instructional programs? Yes No

If yes, which ones? _____

NRA membership #: _____ **(NRA membership encouraged)**

Signature: _____ Date: ____/____/____

Mail the completed application to the Union County Gun Club see address below. You will be notified via email when your application is accepted for membership in the UCGC. **When accepted, you must attend a membership meeting----date to be announced via Email.**

Your dues for membership at this time is **\$70.00**, plus a one time **\$100.00** application fee. Please make checks payable to Union County Gun Club.

Mailing Address: **Union County Gun Club P.O. Box 442 Blairsville, Ga. 30514**

READ AND SIGN THE LIABILITY

WAIVER ON THE BACK.



**Union County Gun Club (UCGC)
Release Agreement and Waiver of Liability**

Please read carefully before signing

I acknowledge that shooting activities have inherent danger when firearms are handled inappropriately. While at the UCGC I will follow the Safety Doctrine and heed all commands from the designated Range Safety Officer(s).

I represent that I am not under any type of restraining order or other legal prohibition which prevents my possession and/or use of firearms.

I am able to pass a background check. YES. NO.

I am legally free to purchase and own firearms. YES. NO.

1. I assume liability and responsibility for any and all risks, injuries and damages, known and unknown, of whatsoever kind and nature, which I might incur as a result of participating in shooting activities at the UCGC.
2. I assume responsibility for the actions of any and all guests I bring to the UCGC.
3. In consideration of being permitted to participate in shooting activities at the UCGC, whether those activities are organized or informal, I knowingly, voluntarily and expressly waive and release any and all claims I, or my estate, my heirs, or any person claiming under me completely and without reservation that I may have against the UCGC, its officers, employees, directors and/or representatives from any and all kinds of injuries or damages that I may sustain as a result of participating in shooting range activities. Furthermore, I shall indemnify and hold the UCGC, its officers, employees, directors and/or representatives harmless from any and all such claims.
4. I consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the activities at the UCGC.
5. This release shall remain in force and effect so long as I am a member of or participate in activities at the UCGC.
6. I have read and fully agree with the above release and waiver of liability and fully understand its contents. I have been advised to obtain legal advice and had the opportunity to do so.

Signature: _____ **Date:** ____/____/____