

Membership Application
Hancock County Gun Club
Print this page and complete the form

Mail to:
Hancock County Gun Club
P.O. Box 222
Carthage, IL 62321

Annual Dues:
Individual: \$50.00
Senior (Over 65) \$35.00
Disabled Veteran \$25.00

Note: All applications must be fully completed and have name and dates of at least two shooting events attended with signatures of event host or Club member present at event. A check or money order must be included for dues when mailed in. The application can also be brought to a Club meeting.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

DATE OF BIRTH ____/____/____ PHONE No. _____

How long have you been handling firearms? _____

For Illinois applicants: Do you have a FOID card? Yes No (circle one)

Expiration Date? _____

Are you a National Rifle Association member? Yes No. Membership # _____

Expiration Date? _____

List any conservation or shooting clubs that you belong to:

List any instructor shooting organization classifications:

Applicants for membership must participate in at least two shooting events before making application to the Club. Please indicate events below.

Event Attended	Date	Club Member Present
_____	__/__/____	_____
_____	__/__/____	_____

Character Reference/Club Member Sponsor Below:

Name _____ Phone: _____
Address _____

Name _____ Phone: _____
Address _____

By your signature below you attest that you will uphold the Constitution and By-Laws of the Hancock County Gun Club and that you will comply with the range rules. You will further attest that you have not been convicted of acts of violence.

Applicant Signature: _____ Date: _____

Note: Dues are to be paid by March 1st of each year or your name will be dropped from the Club rolls. Combination locks are changed after the January meeting. You will receive the combination after you pay your dues.