

Application for Membership in the
Gateway Gun Club
13547 Missouri Bottom Rd.
Bridgeton, Mo. 63044
TEL (314) 344-1050 FAX (314) 344-8804
WEB SITE: www.gatewaygunclub-stl.com

Date - _____

Individual \$150.00 ---- Family \$250.00 ---- Corporation (Subject to size)

Please print

NAME

LAST NAME

FIRST NAME

MIDDLE INITIAL

ADDRESS

CITY, STATE, ZIP

PRIMARY PHONE NUMBER -- SECONDARY PHONE NUMBER -- E-MAIL

BIRTHDATE ----- AGE ----- SEX ----- NO. in FAMILY

FAMILY MEMBERS NAMES --

CORPORATION - NAME

SIGNATURE OF APPLICANT -----

TO BE APPROVED BY A BOARD MEMBER, SIGNATURE

Membership is for 1 year from date of application . Any irregularity of procedure present in the issuance of any membership fail to abide by Gateway rules shall be grounds for terminating and revoking their membership with no refund.

MEMBERSHIP NUMBER IS _____

EXPIRES _____