LAKE BAILEE GUN CLUB
APPLICATION

NAME_____
LAST FIRST MIDDLE

_____
MAILING ADDRESS

_____
CITY STATE COUNTY ZIPCODE

LIC#:_____ PHONE: ( )_____

BIRTHDATE_____

Are you prohibited by Federal Law from possessing a firearm? YES____NO____

Are you or have ever been convicted of Domestic Violence? YES____NO____

Have you ever been adjudicated as mentally incompetent or mentally defective? YES____NO____

Are you drug dependent, in danger of being drug dependent, or a chronic alcoholic? YES____NO____

As a member of Lake Bailee Gun Club, you are required to be of good character and Moral values.
<u>You are required to practice Gun Safety at all times</u>, a violation of this rule will result in immediate forfeiture of your Membership.

_____ _____
SIGNATURE DATE

FOR OFFICE USE ONLY:
APPROVED:_____