

SAGINAW GUN CLUB

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Saginaw Gun Club, Inc.,
and promise to abide by all rules and regulations of said Club.

Yearly annual dues: \$100

Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Phone _____ Cell _____

Emergency Contact Name _____

Phone _____ Cell _____

I am 17 years or under. Guardian Signature _____

APPROVAL

Approved

Not Approved

Endorsed By

_____ and _____

SAGINAW GUN CLUB

9540 Gratiot Road • P.O. Box 6054 • Saginaw, MI 48608 • (989) 928-7443