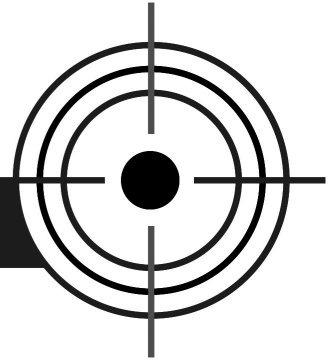


JOHNS CREEK INDOOR GUN RANGE



7790 McGinnis Ferry Rd.
Suwanee, GA 30024
Phone:
www.johnscreekgunrange.com

Member Information

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone/Mobile No. _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Date of Birth: _____ **Are you a Citizen of the United States?** _____

Drivers License#: _____ **State:** _____ **Expiration:** _____

GA Firearms Lic#: _____ **County:** _____ **Expiration:** _____

(If Family Membership)

Spouse Name: _____

Family Members: _____

Select Type of Membership

- New Membership
- Renewal

Select Your Membership Level

- Annual Member
(1 year term)
- Individual (\$375)
- Senior (65 & older \$300)
- Family (\$575)
- Corporate (\$1475)

Are you interested in:(check all that apply)

- IDPA Carbine/Rifle Training Shotgun Training
- Pistol Training Non Competitive Matches Purchasing a Firearm

I hereby confirm that all information provided is true and correct and authorize Johns Creek Indoor Gun Range to verify this information, if required. I agree to abide by all rules of the Johns Creek Indoor Gun Range and recognize that failure to adhere may result in revocation of membership.

Applicant Signature: _____

Date: _____