



Midwest Gun Collectors Association

APPLICATION FOR MEMBERSHIP

January 1 through December 31



**A PHOTOCOPY OF YOUR VALID FOID OR CCW CARD
MUST ACCOMPANY YOUR APPLICATION & PAYMENT.**

Copy of FOID or CCW Card

_____ NEW _____ RENEWAL
MGCA ID # _____
Annual Dues \$ <u>100.00</u>
Annual membership runs Jan. 1 through Dec. 31 irrespective of when in the current year the mem- bership dues were paid
<i>Please allow 1-2 weeks to receive your membership card.</i>

Full Name (Print) _____ Age _____

Home Address _____

City _____ State _____ Zip Code _____ Phone _____

E-Mail _____

Would you like to receive the quarterly newsletter by email? yes _____ no _____

Are you an NRA Member? yes _____ no _____ Are you an ISRA Member? yes _____ no _____

By my signature below I certify each of the following:

- that I am 21 years or more of age;
- that I have never been convicted of a crime punishable by imprisonment for a term exceeding one year;
- that I am not a fugitive from justice;
- that I am not mentally incompetent,
- that I am not a drug addict,
- that I have not been adjudged an alcoholic,
- that I am not prohibited from legally acquiring a firearm by state or local laws,
- that I have read and understand the MGCA Range Rules and Regulations and I agree to abide by them

Applicant's Signature _____ Date _____

If you do not sign above, your application for membership will be sent back to you.

Primary Vehicle: Mfr _____ Model _____ Plate # _____

Total Fee Owed: \$100.00

If applying by mail send completed & signed application, copy of FOID/CCW & payment to:

MGCA-Membership Director
P.O. Box 9251
Peoria, Illinois 61612-9251

(Please allow 1-2 weeks to receive your membership card.)