



MGCA Application for Membership and Renewal

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

Copy of FOID or CCW Card.

_____ New _____ Renewal _____ Guest Pass

MGCA ID # _____
Annual Dues \$125.00
Add an additional \$125.00 for a Guest Pass
Annual membership runs Jan. 1 through Dec. 31
regardless of when in the current year the membership dues were paid.

Full Name (Print) _____ Age _____
Home Address _____
City _____ State _____ Zip Code _____ Phone _____
Email Address _____
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:

- 1.) That I am 21 years or more of age,
- 2.) That I have never been convicted of a crime punishable by imprisonment for a term exceeding one year,
- 3.) That I am not a fugitive from justice,
- 4.) That I am mentally competent,
- 5.) That I am not a drug addict,
- 6.) That I have not been adjudged an alcoholic,
- 7.) That I am not prohibited from legally acquiring a firearm by state or local laws,
- 8.) That I have read and understand the MGCA Range Rules and Regulations and that 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.

**Mail To: MGCA Range
P.O. Box 9251
Peoria, IL. 61612**