MGCA Application for Membership and Renewal

Copy of FOID or CCW Card.

_____ New _____ Renewal _____ Guest Pass

MGCA ID # _____

Annual Dues $175.00
Guest Pass $125.00

Annual membership runs Jan. 1 through Dec. 31 regardless of when in the current year the membership dues were paid.

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

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

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 Application To:

MGCA Membership
P.O. Box 9251
Peoria, IL. 61612