



Application for Membership Marion Road Gun Club, Inc.

Business Office Address: 788 Walnut Street, Suite 3 Macon, Georgia 31201 (478) 743-8734

Website: www.marionroad.com Mailing Address:
PO Box 777
Macon, Georgia 31202-0777

Email: info@marionroad.com

Prior to attending the mandatory orientation session, applicants must provide:

- 1. A completed application form
- 2. A signed consent form for the mandatory background check and non-refundable \$20 fee OR a copy of your Georgia Weapons License.
- 3. A copy of your State or government issued photo ID
- 4. A refundable Initiation Fee of \$100 (refundable if declined admission)
- 5. Full payment of all dues (we accept cash, check or credit cards)

Notes:

Items 2, 3, and 4 DO NOT apply to Junior (under 18 years of age) applicants.

Completed applications and payments may be mailed to the Post Office Box above or hand carried to the office during normal business hours, 9:00 a.m. to 4:00 p.m., Tuesdays and Wednesdays ONLY. (office is closed all other days of the week)

After your criminal background check clears and you attend a mandatory orientation session, you will receive a welcome package which will include a club photo ID card, a copy of the range use rules and safety rules, two guest passes and the gate combination. Don't lose the gate combination and always wear your ID badge!

The monthly orientation session is conducted (usually) on the third Saturday of the month, starts at 9:00 a.m. and lasts about 50 minutes. You must be on time! Check the website (www.marionroad.com) or Facebook page (Marion Road Gun Club) for any last minute changes in the scheduling of the orientation session.

Application for Membership Marion Road Gun Club, Inc.

Indicate below the type and number of membership(s) for which you are applying:

Type of Membership	Number	Conditions
\$20 - JUNIOR MEMBERSHIP:		(must be aged 7 to 17 at the time of application and have a parent or guardian as an adult member of the club
\$200 – ADULT MEMBERSHIP:		(must be 18 or older at the time of application)
applicants must pay the prorated am (ask at the office). Junior membersh a member of the club. The junior me	nount for the o ips are availat ember is not a	current year. Prorating is not available until mid-year and current year and all of the next year's dues at application ble only to applicants whose parent or legal guardian is also llowed on the range property without being in the an who will exert direct supervision over the junior member

Payments: For your convenience, checks or other payments for membership dues, background checks, initiation fees as well as multiple family members may be combined into a single payment.

at all times while on the range. Any infraction of this rule will be grounds for dismissal of the parent or guardian member as well as the junior member of the club, with full forfeiture of dues and fees paid.

How did you learn abo	ut Marion Road Gun Club?	Online search? ODT - The Outdoorstrader.com?
Radio Advertisement?	Flyer in a gun store	or a gun store employee? O Facebook?
Are you a friend of an	existing member or were y	you referred to us by a member?
Referred by:		
Referred by:	First Name	Last Name

Applicant Information Form – Please Print Legibly

Name:					
(Last	: Name)		(First Name)		(M.I.)
Mailing Address:		(Street A	Address)		
		(0001)	,		
(City)			(State)	- (Z	IP Code)
Telephone Number:)		DOB:	(mm/dd/	
	Area Code	Number		(mm/dd/	уууу)
Valid email Address:		(email is our princ	ipal method of communicati	on)	
Are you currently a member of	the NRA? YES	s N	D	•	
,					
	Junio	or Membership	Information		
1.)				DOB:	
·	 Name)		(First Name)		(mm/dd/yyyy)
2.)				DOB:	
•	Name)		(First Name)		(mm/dd/yyyy)
3.)				DOB:	
(Last I	Name)		(First Name)		(mm/dd/yyyy)
	++++++++++++	++++ CERTIFICATIO	N ++++++++++++++++++++++++++++++++++++		
The following certifications a	-			f you can truthful	ly make these
		ertifications, sign ar			
I hereby certify that I am a Citizen of the on parole from the judicial system, and never been convicted of a crime of viole outstanding warrants for my arrest in the the Government of the United States of	that I meet all of the leg ence, or been committed ne United States of Ame	gal obligations and laws, I d to a mental institution I	ooth Federal and State, for the posse by the courts, and that am I not awa	ession of firearms, and iting trial in the court	d further that I have s and have no
I hereby certify that if I am granted Mer the Safety Rules and Range Use Rules or otherwise pursue relative to any injurie the premises. This Waiver and Discharg Owners of the property on which the rato me or my property directly.	f the Club, and that I her s that I and/or my prope e is effective against cla	eby waive any and all rigerty might sustain while c ims against all members	hts to obtain legal redress of any an on the premises, or in route to the pr and officers of the Marion Road Gur	nd all grievances and/or remises, or in returning n Club, Inc., and also	or claims that I mighing to my abode from against the Owner o
EXECUTED this		day of		A.D	
I so certify:					
	(Legal Sign	ature)		(Date	!)

Membership Card Copy



1.) Application complete	2.) Payment received
3.) Background check	4.) ID Photo
5.) Orientation	6.) Date joined
7.) Other	
Transa	action History
Date Dues Processed	Date Workday Completed
	_
	_
	_
	_

OFFICE USE ONLY

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for		6: 11 .: 1	to conduct an
inquiry and receive any	, Georgia crimina	Criminal Justice Agency	pertaining to me which may be
			Georgia. I further authorize the
		ar erimmar justice agency in	있다. (2007년 1987년 1일 전 1일
b.c.s.o to relay that in	iormation to	Requesting Entity	viu.
US Mail In-Pe	erson Pick-Up	Encrypted Email Email A	Address:
Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number
		days from date of sign	
		give consent to	the above named entity to perform
neriodic criminal histor	rv background ch	necks for the duration of my	employment.
periodic criminar inscol	,	, colo loi une dal duo no my	
			 Date
Signature			 Date
Signature			
Signature			
Signature Attorney for Individual	l (Purpose Codes	s E and U Only) Bar Nu	umber Date
Signature Attorney for Individual Date of inquiry:	I (Purpose Codes	E and U Only) Bar Nu	
Signature Attorney for Individual Date of inquiry:	I (Purpose Codes	E and U Only) Bar Nu	umber Date
Signature Attorney for Individual Date of inquiry: Purpose Code used: (c	I (Purpose CodesTime of in theck all that apporture of the provides Georgi	E and U Only) Bar Nunquiry:Operatoroly) Ga Criminal History Record Info	umber Date 's initials:
Signature Attorney for Individual Date of inquiry: Purpose Code used: (comployment (E) – Employment with	I (Purpose CodesTime of in theck all that approvides <i>Georgi</i> Mentally Disabl	E and U Only) Bar Nunquiry:Operatoroly) a Criminal History Record Info	Umber Date 's initials: ormation iminal History Record Information
Signature Attorney for Individual Date of inquiry: Purpose Code used: (c Employment (E) – Employment with Employment with	Time of in theck all that approvides <i>Georgi</i> Mentally Disable	E and U Only) Bar Nu quiry:Operator oly) a Criminal History Record Info ed (M) - Provides Georgia Cr Provides Georgia Criminal Hi	Umber Date 's initials: formation iminal History Record Information istory Record Information
Signature Attorney for Individual Date of inquiry: Purpose Code used: (c Employment (E) – Employment with Employment with Employment with	Time of in theck all that approvides <i>Georgi</i> Mentally Disable Elder Care (N) - Folioten (W) - F	E and U Only) Bar Nu quiry:Operator oly) a Criminal History Record Infe ed (M) - Provides Georgia Cr Provides Georgia Criminal History Criminal History	Umber Date 's initials: formation iminal History Record Information istory Record Information
Signature Attorney for Individual Date of inquiry: Purpose Code used: (c Employment (E) – Employment with Employment with Employment with Public Records (P)	Time of in theck all that approvides <i>Georgi</i> Mentally Disable Elder Care (N) - Children (W) - F	E and U Only) Bar Nu quiry:Operator oly) a Criminal History Record Info ed (M) - Provides Georgia Cr Provides Georgia Criminal History Record Info Pro	ormation iminal History Record Information istory Record Information story Record Information
Signature Attorney for Individual Date of inquiry: Purpose Code used: (c Employment (E) – Employment with Employment with Employment with Public Records (P)	Time of in theck all that approvides <i>Georgi</i> Mentally Disable Elder Care (N) - Children (W) - F	E and U Only) Bar Nu quiry:Operator oly) a Criminal History Record Info ed (M) - Provides Georgia Cr Provides Georgia Criminal History Record Info Pro	umber Date 's initials: formation iminal History Record Information istory Record Information
Signature Attorney for Individual Date of inquiry: Purpose Code used: (c Employment (E) – Employment with Employment with Employment with Public Records (P) Personal Copy (U) The inquiry resulted in	Time of incheck all that approvides Georgi Mentally Disable Elder Care (N) - Children (W) - Formula Restrict the following:	E and U Only) Bar Nucleury: Operator Oly) Ca Criminal History Record Information Officed (M) - Provides Georgia Criminal History Operator Operato	ormation iminal History Record Information istory Record Information story Record Information
Attorney for Individual Date of inquiry: Purpose Code used: (c Employment (E) – Employment with Employment with Employment with Public Records (P) Personal Copy (U) The inquiry resulted in	Time of incheck all that approvides <i>Georgi</i> Mentally Disable Elder Care (N) - Children (W) - Frovides <i>Georgi</i> — Provides <i>Georgi</i> — Includes Restrate the following:	E and U Only) Bar Nucleury: Operator Oly) Ca Criminal History Record Information Officed (M) - Provides Georgia Criminal History Operator Operato	ormation iminal History Record Information istory Record Information story Record Information
Signature Attorney for Individual Date of inquiry: Purpose Code used: (c Employment (E) — Employment with Employment with Employment with Public Records (P) Personal Copy (U) The inquiry resulted in No Georgia CHRI resulted and Georgia CHRI res	Time of incheck all that approvides Georgi Mentally Disable Elder Care (N) - Children (W) - For a local lease of the following: Tesults available. Inched/released.	aquiry:Operator Oly) To Criminal History Record Information of the Control	ormation iminal History Record Information istory Record Information story Record Information
Attorney for Individual Date of inquiry: Purpose Code used: (c Employment (E) – Employment with Employment with Employment with Public Records (P) Personal Copy (U) The inquiry resulted in No Georgia CHRI atta No NCIC/GCIC Wa	Time of incheck all that approvides Georgi Mentally Disable Elder Care (N) - Children (W) - For a provides Restrate the following: Tesults available. Inched/released.	E and U Only) Bar Nucleury:Operator Oly) Ca Criminal History Record Information of the Control of the Con	ormation iminal History Record Information istory Record Information story Record Information
Signature Attorney for Individual Date of inquiry: Purpose Code used: (c Employment (E) — Employment with Employment with Public Records (P) Personal Copy (U) The inquiry resulted in No Georgia CHRI ratta No NCIC/GCIC Wa Possible NCIC/GCIC	Time of incheck all that approvides Georgi Mentally Disable Elder Care (N) - Children (W) - Formulation of the following: The	aquiry:Operator Oly) To Criminal History Record Information of the Control	ormation iminal History Record Information istory Record Information story Record Information
Signature Attorney for Individual Date of inquiry: Purpose Code used: (comployment (E) — Employment with Employment with Employment with Public Records (P) Personal Copy (U) The inquiry resulted in Georgia CHRI atta No NCIC/GCIC Ward Care and Copy (W)	Time of incheck all that approvides Georgi Mentally Disable Elder Care (N) - Children (W) - Formulation of the following: The	E and U Only) Bar Nucleury:Operator Oly) Ca Criminal History Record Information of the Control of the Con	ormation iminal History Record Information istory Record Information story Record Information

Date

Agency Designee Signature and Title