

NRA Affiliation
B-4539



GSSA Affiliation
5257

Application for Membership

Marion Road Gun Club, Inc.

Business Office Address:

141 New Street
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)

All membership periods run Jan 1 to Dec 31 of the current year. Prorating is not available until mid-year and applicants must pay the prorated amount for the current year and all of the next year's dues at application (ask at the office). Junior memberships are available only to applicants whose parent or legal guardian is also a member of the club. The junior member is not allowed on the range property without being in the immediate vicinity of his parent member or guardian who will exert direct supervision over the junior member 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.

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.

How did you learn about Marion Road Gun Club? Online search? ☐ ODT - The Outdoorstrader.com? ☐

Radio Advertisement? ☐ Flyer in a gun store or a gun store employee? ☐ Facebook? ☐

Are you a friend of an existing member or were you referred to us by a member?

Referred by: _____
First Name
Last Name

Applicant Information Form – Please Print Legibly

Name: _____
(Last Name) (First Name) (M.I.)

Mailing Address: _____
(Street Address)

(City) (State) (ZIP Code)

Telephone Number: (_____) _____ - _____ DOB: _____
Area Code Number (mm/dd/yyyy)

Valid email Address: _____
(email is our principal method of communication)

Are you currently a member of the NRA? YES _____ NO _____

Junior Membership Information

1.) _____ DOB: _____
(Last Name) (First Name) (mm/dd/yyyy)

2.) _____ DOB: _____
(Last Name) (First Name) (mm/dd/yyyy)

3.) _____ DOB: _____
(Last Name) (First Name) (mm/dd/yyyy)

+++++ CERTIFICATION +++++

The following certifications are required of all adult applicants. Please read them carefully and if you can truthfully make these certifications, sign and date them.

I hereby certify that I am a Citizen of the United States of America and that I have not been dishonorably discharged from the Armed Forces thereof, and that I am not on parole from the judicial system, and that I meet all of the legal obligations and laws, both Federal and State, for the possession of firearms, and further that I have never been convicted of a crime of violence, or been committed to a mental institution by the courts, and that I am not awaiting trial in the courts and have no outstanding warrants for my arrest in the United States of America and that I am not a member of any organization that has, as one of its purposes, the overthrow of the Government of the United States of America.

I hereby certify that if I am granted Membership in the Marion Road Gun Club, Inc., that I will abide by the Constitution and Bylaws thereof, and will comply with all of the Safety Rules and Range Use Rules of the Club, and that I hereby waive any and all rights to obtain legal redress of any and all grievances and/or claims that I might otherwise pursue relative to any injuries that I and/or my property might sustain while on the premises, or in route to the premises, or in returning to my abode from the premises. This Waiver and Discharge is effective against claims against all members and officers of the Marion Road Gun Club, Inc., and also against the Owner or Owners of the property on which the range is located. However, in so doing, I reserve the right to seek legal redress against any individual who may have done injury to me or my property directly.

EXECUTED this _____ day of _____, A.D. _____

I so certify: _____
(Legal Signature) (Date)



OFFICE USE ONLY	
1.) Application complete	_____
2.) Payment received	_____
3.) Background check	_____
4.) ID Photo	_____
5.) Orientation	_____
6.) Date joined	_____
7.) Other	_____

Transaction History

Date Dues Processed	Date Workday Completed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the _____ Bibb County Sheriff Office _____ to conduct an
Criminal Justice Agency
inquiry and receive any Georgia criminal history record information pertaining to me which may be
contained in the files of any state or local criminal justice agency in Georgia. I further authorize the
B.C.S.O to relay that information to _____ via:
Requesting Entity

☐ US Mail ☐ In-Person Pick-Up ☐ Encrypted Email Email Address: _____

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____ give consent to the above named entity to perform
periodic criminal history background checks for the duration of my employment.

Signature

Date

Attorney for Individual (Purpose Codes E and U Only)

Bar Number

Date

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____

Purpose Code used: (check all that apply)

<input type="checkbox"/>	Employment (E) – Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides Georgia Felony Convictions Only
<input type="checkbox"/>	Personal Copy (U) – Includes Restricted and Sealed arrests (not to be used for employment)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.
<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title

Date