

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



| 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 <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information |
| <input type="checkbox"/> | Public Records (P) – Provides <i>Georgia Felony Convictions</i> 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