

BISHOP GUN CLUB

Membership Application, dated: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Have you ever been convicted of a felony Write "YES" or "NO" _____

Have you ever been denied the purchase of a firearm _____

Do you use any illegal drugs _____

Is it legal for you to possess a firearm in California _____

Please explain answers as needed:

Signature: _____

\$25/calendar year or any part there of
Return this application with a check payable to the Bishop Gun Club

Bishop Gun Club
P.O. Box 226
Bishop CA 93515

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