



Regular Membership Application

Member Information:

Last Name: _____ First Name: _____

Citizenship: _____ Residence: _____

Gender: M / F (circle) Email: _____

Mobile Phone: _____ Home Phone: _____

Membership Applied For: Individual / Family (circle)

Emergency Contact Person: _____ Tel: _____

Declaration:

I hereby make application for Individual/Family Membership (circle one) in the Puerto Galera Range Group. I acknowledge by signing below that I have read, understand and will strictly follow and enforce all applicable guidance regarding the PGRG facility, Privately Owned Weapons, Ammunition, Explosives and all current Laws relating to the ownership/rental and transportation of Firearms. I certify that I have been given the opportunity to ask questions and to discuss the above guidance with the PGRG Operations staff.

Applicant's Signature: _____ Date: _____

(Please attach two 2" x 2" photos)

PGRG Staff Only:

Date Joined: _____ Exp. Date: _____ Amt Paid: _____ Check No. or Cash: _____

Mem. Card Issued: _____ Mem. Number: _____

President's Signature: _____ Date: _____