



# WEST GEORGIA YOUTH RANGE ASSOCIATION

I, the undersigned, do hereby petition West Georgia Youth Range Association to accept my application as a mentor and annual donor. I certify that I am a citizen of the United States who is of good reputation, of good moral character, is not now adjudicated to be insane or an alcoholic, has not been convicted of any felony or, if so convicted, has had civil rights restored for more than two years, and who subscribes to the stated Purpose of the WGYRA to support youth participation in shooting sports and to the guiding principle stating:

The WGYRA shall promote and support efforts that protect our Second Amendment rights to keep and bear arms as well as promotion of conservation practices throughout our area through education, information and any other means at our disposal.

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Ini. \_\_\_\_\_

\_\_\_\_\_ New Donor \_\_\_\_\_ Continuing Donor \_\_\_\_\_ Reinstatement Donor - Check those that apply

\_\_\_\_\_ Annual Donation (\$125) \_\_\_\_\_ New Donor (\$100+annual donation) \_\_\_\_\_ Reinstatement (\$25)  
(funds payable to WGYRA)

My NRA membership is: \_\_\_\_\_ Annual \_\_\_\_\_ Life \_\_\_\_\_ Other \_\_\_\_\_ I am not currently a member of the NRA.

Do you have a Concealed Carry Permit: \_\_\_\_\_

Please PRINT the following information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I, by signing below, certify the information provided in this document to be factual. I understand that falsifying information on this document can be grounds for refusing, subsequently revoking, or returning a donation and denying access to WGYRA facilities.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

## DONOR INFORMATION IS STRICTLY CONFIDENTIAL

Action Taken: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF GEORGIA

COUNTY OF HARALSON