

MEMBERSHIP APPLICATION
VIRGINIA GUN COLLECTORS ASSOC., INC.
 NRA Affiliate Number G 8162

VGCA Use Only	
Rec'd	
Paid	
Treas	
NL	
Due	
ID Iss	

Please print **clearly** and **completely**. To be complete, the application **MUST** include a **check for \$40.00** for the Annual Dues, and a **signed Sponsor Information page**. We will not act on incomplete applications. The mailing address, phone numbers and e-mail addresses will be held by the VGCA Board and not released to the public.

Please mail the completed application and a **check** for \$40.00 made payable to V.G.C.A. to:

VGCA
P.O. Box 328
Manassas, VA 20108
1-571-243-6387
george@eccominv.com

Upon receipt of your completed Application for Membership the Applicant's and the Sponsor's names will be published in the Association Newsletter to give members the opportunity to voice any objections. In the absence of any negative feedback applicants shall be automatically admitted into membership one month after notice has been given. The Executive Committee or their designated sub-committee shall follow up on any negative comments and the applicant in question will be subject to approval by a simple majority vote of the committee.

You are encouraged to contact your sponsor and attend the meetings when your application is presented and approved. You will be notified when the application is approved. If you are not voted in, your dues will be returned. You will be provided a copy of our bylaws and our gun show rules upon approval.

Candidate's Name: _____

Home Address: _____

City: _____ **State:** _____ **ZIP:** _____

Contact #s: Daytime: _____ **Evening:** _____

Email (personal): _____

(Print Clearly - required to receive the e-newsletter, member notices, and online election ballot)

Emergency contact: Name _____ Phone number _____

Sponsor's Name(s): _____

Are you willing to contact legislators to give your views on anti-gun legislation? Yes No

Do you belong to the NRA? No / Yes Annual Life Endowment Patron

Benefactor

Do you have a FFL or C&R License (Do not provide numbers)? Yes No

I may be willing to volunteer in the following Area's (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Gun Show Set-up | <input type="checkbox"/> New Member Recruitment |
| <input type="checkbox"/> Gun Show Security | <input type="checkbox"/> Event Committees |
| <input type="checkbox"/> Show and Tell at Meetings | <input type="checkbox"/> Providing a Gun Show Display |

What is your primary interest in collecting firearms?

Do you have any other firearm related interests?

How long have you been collecting firearms?

To what collecting organizations/shooting organizations do you belong?

Have you authored any articles or presented programs at firearms collecting groups?

Please List:

Can you legally own a firearm? _____ Initials _____

By signing this application and on approval of the membership you agree to and understand the following criteria for probationary membership in the Virginia Gun Collector's Association:

1. My membership is probationary for a period of one year.
2. I agree to attend as many monthly membership meetings as possible and keep my contact information up to date.
3. I agree to volunteer as needed for VGCA events.

I certify that I am not, nor have I ever been, a member of any organization or group advocating the overthrow by force or violence of the Government of the United States or any of its political subdivisions; that I have never been convicted of a crime of violence or a felony; and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship and that I will support the purposes of the Virginia Gun Collectors Association, Inc.

(To all Applicants: Your Membership application must include a Sponsor Information page signed by your sponsor. Applications received without a completed and signed Sponsor Information Page will be considered incomplete and will not be acted upon.)

Signature: _____ Date: _____

Please Print Name: _____

SPONSOR INFORMATION
TO QUALIFY AS A SPONSOR, YOU MUST BE AN ACTIVE MEMBER
OF VGCA IN GOOD STANDING WITH ALL DUES PAID.

1. Are you personally acquainted with the candidate? Yes No
2. For how long? _____
3. List names of VGCA members who are well enough acquainted with the candidate to be able to recommend him for membership:
- a. _____
- b. _____
- c. _____
4. In your opinion, is the candidate of high moral character and does he enjoy the good will and respect of fellow collectors and associates? Yes No
5. In your own words, why will this candidate become a good active member of VGCA?
6. Does the candidate exhibit a ready willingness to share his knowledge with other collectors? Yes No

Sponsors Signature _____ **Date** _____

For VGCA Administrative use only:

Received: _____ Published: _____ Effective: _____

The Membership Coordinator recommends the candidate's name be placed before the membership committee for a vote into membership. Yes No

Results:

Approved _____ Date _____

Not Approved _____ Date _____

Board President's Signature _____ Date _____