



Gun Owners of South Carolina

Club Membership Application Form

____ New

____ Renewal

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Congressional District: _____

Total Number of Members: _____ Total Number of GOSC Members: _____

Annual Membership Type, check one:

☐

Adult Club \$45.00 (Dues shall be waived if the club maintains at least 10 members who are members of GOSC. Please List the names and membership number of each GOSC member of the back of this form

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Junior Club \$15.00 (Must have at least one adult advisor/coach. Dues will be waived if the club maintains at least 10 junior and one adult member of GOSC. Please list the names and membership number of each junior and adult advisor/coach on the back of this form.)

Primary contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Please make check payable to: **GOSC**

Mail completed form to:

Gun Owners of South Carolina
Post Office Box 326
Prosperity, SC 29127

GOSC Use Only:

Member # _____

Expiration Date: _____