



Gun Owners of South Carolina

Organizational Annual Membership Application Form

New Renewal

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____

Phone: _____ Congressional District: _____

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

Annual Membership type:

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

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 name 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 Phone: _____

Email: _____

Please make check payable to: GOSC
Mail completed form and check to:

Gun Owners of South Carolina
ATTN: Peggy Bodner
1080 Pinecrest Drive
Rock Hill, SC 29732

GOSC Use
Member # _____
Expiration Date: _____