



Membership Application

Name: _____ Birthdate: _____

Address: _____ City: _____

Home Phone: _____ e-mail _____

Employer: _____ address: _____

What days/hours are you available for meetings and shows?

Can you legally own a firearm? _____ If not, please explain:

Are you currently under a doctor's care? _____

Do you take prescription medications that can impair your judgment or mobility? _____ If so, please list: _____

Do you have any medical conditions that could potentially endanger yourself or others in the club? _____ If yes, please explain:

Do you have any acting experience? _____ If so, please explain: _____

What special skills do you have that might be helpful to the other members? (i.e. leatherwork, sewing, etc.)

Have you ever been a member of or participated with another re-enacting club? If so, please list: _____

Person(s) to notify in the event of an accident: _____

(Please include name, address, phone numbers and their relationship to you)

Include a recent photo of you (in costume, if possible) and return this application to: **Gunfighters of the Old West, P.O. Box 2202, Fremont, Ca. 94536.**