

For Athena Use Only:

Employee Name: _____
Membership Card Made: YES or NO



EXECUTIVE MEMBERSHIP APPLICATION AND AGREEMENT For Additional Member

Please provide the following information (please print legibly):

MEMBER:

Last Name: _____ First Name: _____ Middle Name: _____

Member Number: _____

ADDITIONAL MEMBER:

Last Name: _____ First Name: _____ Middle Name: _____

Address (if different): _____

Home Telephone Number: _____ Work: _____ Cell: _____

Email Address: _____ DOB: _____

Driver's License Number: _____ State of Issuance: _____ Expiration: _____

Emergency Contact: _____ Telephone Number: _____

Membership with AGC will be available to persons who are legally able to possess a firearm. AGC Members must be in compliance with all federal, state and local laws concerning ownership and handling of firearms. Membership will be granted, and may be revoked, at the sole discretion of AGC.

Additional Member must be a member of the Member's immediate family (i.e. wife, husband, father, mother, brother sister, son or daughter).

I certify as follows: (1) that I am not and have never been the subject of a criminal or any other proceeding that prevents me from legally owning, handling or possessing firearms under Texas or Federal law; (2) that I can lawfully own, handle and possess a firearm; and, (3) that all information given in this Application is true and correct to the best of my knowledge.

I have read, I understand and I agree to comply with the Terms and Conditions attached to this Application as well as the Release, Assumption of Risk and Indemnity Agreement and the AGC Code of Conduct. In addition, I hereby consent, by signing this application, to a Criminal History search.

Add'l Member's Signature: _____ Date: _____

Member's Signature: _____ Date: _____