

**MEMBERSHIP APPLICATION**  
**VIRGINIA GUN COLLECTORS ASSOC., INC.**

NRA Affiliate Number G 8162

VGCA Use Only	
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Please print **clearly** and **completely**. To be complete, the application **MUST** include a **check for \$30.00** 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 \$30.00 made payable to V.G.C.A. to:

**William Chronister, Membership Coordinator**  
**P.O. Box 2318**  
**Merrifield, VA 22116-2318**  
**1-703-204-0138**  
[vgca\\_membership@cox.net](mailto:vgca_membership@cox.net)

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)

If other members request your contact info, may it be provided? Yes  No

**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 will 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:

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** \_\_\_\_\_

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### 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 \_\_\_\_\_