

Mailing Address: PO Box 984
Elgin, SC 29045
(803) 310-7977

Physical Address: 25 Mesa Lane
Lugoff, SC 29078



Office Use Only
Membership Number _____
Copy of ID made _____
Family Membership proof of residency _____

Membership Application

- Individual Family (member 1) Family (member 2)

Member Name _____

Address _____

Email _____

Phone _____

Date of Birth _____

Drivers License # _____

Drivers License State _____

SC CWP Number * _____

NRA Member Number * _____

**If applicable*

- Yes No Have you ever been convicted of a felony?
- Yes No Have you ever been convicted of a misdemeanor which makes it illegal for you to possess a firearm?
- Yes No Are you currently under indictment for or have any pending charge against you which, if convicted, would be punishable by imprisonment for a term exceeding one year?
- Yes No Have you ever been adjudicated mentally defective?
- Yes No Are you an unlawful user of or addicted to any controlled substance?
- Yes No Are you subject to a restraining order?
- Yes No Have you been dishonorably discharged from the US Armed Forces?
- Yes No Are you a US Citizen?
- Yes No If No, are you a legal resident alien?
- Yes No Are you Active Duty or Retired Military?
- Yes No Are you an Active or Retired First Responder?
- Yes No Are you legally allowed to possess a firearm?
- Yes No I understand that my ID must be presented and a range liability release waiver must be signed on each range visit.

Applicant's Signature _____

Date _____