



Gun Owners' Action League

Protecting Your Freedom Begins Here!

GOAL AFFILIATED CLUB APPLICATION FORM

CLUB NAME: _____

CONTACT PERSON: _____

CONTACT EMAIL: _____

CONTACT PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **Zip Code:** _____

County: _____

WEBSITE (IF APPLICABLE): _____

LEVEL OF AFFILIATION DESIRED: (PLEASE SELECT ONE)

- ☐ BASIC AFFILIATION (\$100 - \$249)
- ☐ BRONZE LEVEL AFFILIATION (\$250 - \$499)
- ☐ SILVER LEVEL AFFILIATION (\$500 AND UP)
- ☐ GOLD LEVEL AFFILIATION (\$250 AND UP PLUS 100% GOAL MEMBERSHIP)

BRIEF DESCRIPTION OF YOUR CLUB: [PROVIDE A SHORT DESCRIPTION OF YOUR RANGE, INCLUDING ITS FACILITIES, ACTIVITIES, AND SPECIAL FEATURES.] FEEL FREE TO INCLUDE ADDITIONAL DOCUMENTS.

CLUB REP INFORMATION:

CLUB REP NAME (must be a current member of GOAL):

CLUB REP EMAIL:

CLUB REP PHONE NUMBER:

ADDITIONAL COMMENTS OR QUESTIONS: [FEEL FREE TO INCLUDE ANY
ADDITIONAL COMMENTS OR QUESTIONS.]

SIGNATURE: _____

DATE: _____

MAIL-IN OPTION: PLEASE COMPLETE THE ABOVE APPLICATION FORM

GUN OWNERS' ACTION LEAGUE

**361 W Main Street
Northborough MA 01532
508-393-5333**

ATTENTION: AFFILIATED CLUB

Office Use Only

Ck# _____

Amt: _____

Date: _____

Web: _____