GUN CLUB LOGO

GUN CLUB INFORMATION FORM
(GCIF-3)

Gun Club: _____ District _____

Mailing Address _____

FEO Recognition Expiry Date _____ FEO Accreditation Expiry Date _____

Telephone No. _____ Email Address _____

Fax No. _____ Web Address _____

Contact Person _____ Contact No./Mobile No. _____

Shooting Range Information

Officer's

POSITION	*(Last Name, First Name Middle Name)*	*(Contact No./ Mobile No. / Fax No.)*
President		
Secretary		
Treasurer		

Shooting Range Other Information

Name _____

Address _____

Telephone No. _____ Fax No. _____

Members (Only PSMOC members should be listed)

NO.	PSMOC ID NO.	LAST NAME, FIRST NAME MIDDLE NAME	MEMBERSHIP TYPE	PSMOC DUES

PHILIPPINE SHOOTERS MATCH OFFICERS CONFEDERATION PSMOC

** Please mark with "*" if payment has been remitted or "x" if enclosed.*

TOTAL _____

This is to certify that the information provided above are true and correct. Further, this is to certify that we fully understand that we need to comply with all PSMOC club and membership requirements including current club recognition with the PNP/FED to maintain our club active status with the the PSMOC.

CLUB Secretary _____ **CLUB President** _____