

The Parker Gun Collectors Association Membership Application

Name _____
Street _____
City _____
State _____
Zip _____
Phone _____
E-mail _____

Area (s) of interest: (Check all that apply)

- Collector** **Dealer** **Restoration Specialists**
 Writer **Accessories** **Shooter**

A membership roster will be furnished to all current members each January. As a member you have a right not to have your name, address and telephone number included. The PGCA respects your right to privacy. This list is for our members' use only, and should not be circulated. Please indicate your choice below.

- YES**, include my name, address and telephone number on the roster.
 NO, do not include my name, address and telephone number on the roster.

Dues:

Annual - - \$40
Life (DHE) - - \$500
Life (AHE) - - \$1000
Life (A1 Special) - - \$2500
Life (Invincible) - - \$5000

Please enclose dues payment with this application.
Make checks payable to: *Membership Chairman, PGCA*

And mail to:

PGCA Membership
P. O. Box 115
Mayodan, NC 27027

Thank you for your support!!!