
GCLA APPLICATION FOR MEMBERSHIP

APPLICATION FOR MEMBERSHIP

Date: _____

GATEWAY CIVIL LIBERTIES ALLIANCE
P.O. Box 440280
Brentwood, MO 63144

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City/State: _____ Mobile Phone: _____

Zip Code: _____ - _____ Email Address: _____

Membership Dues are \$24.00 per calendar year (first year can be pro-rated).

Membership: \$24.00 [] Donation: \$ _____ []

NRA Member: Y / N If an NRA annual member, your expiration date: / / .

MSSA Member: Y / N Sponsor (optional): _____

We are particularly interested in your comments.