

Gun Owners of Vermont

Since 1997: Dedicated to a no-compromise position against gun control

Gun Owners of Vermont is operated for the purposes of promoting and preserving the Second Amendment to the Constitution of the United States and/or Article 16 of the Vermont Constitution, and the inalienable human rights associated with them. Our mission will incorporate education, training, and political activism.

Our membership votes on the gun issue regardless of their party affiliation.

We maintain the webpage **GunOwnersOfVermont.org** and a Gun Owners of Vermont page on both Facebook and MeWe platforms. During the elections, Gun Owners of Vermont publishes a Candidate Report which allows voters to understand the positions on gun rights of each candidate. We'll look for your input during our monthly meetings and online.

Join us today!

1) For **PayPal** payments go to: <https://tinyurl.com/GoVT-Membership> (do not fill out this form)

2) To pay by **check** or **money order**.

Choose desired level(s) of membership and fill in the blanks where appropriate below:

Individual memberships: (1 vote)

☐ 1 year \$20 / ☐ 2 years \$40 / ☐ 3 years \$50 / ☐ 5 years \$80

Joint membership (member + one = 1 shared vote)

☐ 1 year \$30 / ☐ 2 years \$60 / ☐ 3 years \$75 / ☐ 5 years \$120

Gun club or sporting club's annual membership*

☐ 1 year \$40 / ☐ 2 years \$80 / ☐ 3 years \$100 / ☐ 5 years \$160

Business or club sponsorship* (includes advertisement on GoVT website)

☐ 1 year \$100 / ☐ 2 years \$200 / ☐ 3 years \$250 / ☐ 5 years \$400

☐ NEW Membership

☐ RENEWAL

Today's Date: _____

Name(s) _____

Mailing Address _____

City/Town _____ State _____ Zip _____

Phone (_____) _____

Email Address (important) _____

☐ I do not have access to email (please send hardcopy renewals)

* Were you referred to us by a GoVT Member? If so, by whom? _____

Print this form on your printer, fill it out and mail it to us today!

Gun Owners of Vermont

PO Box 45

Saxtons River, VT 05154

Questions? E-Mail: info@GunOwnersOfVermont.org

Form GoVT-MAP-2024-1 (Rev 1/8/2024)

- For Office Use Only -

Date Received: _____

Method: \$ / Ck # _____ Amt: \$ _____

C: ☐ S: ☐ E: ☐

Mailed: ☐ _____