

MEMBERSHIP APPLICATION

FOR MISFITS SHOOTING RANGE LLC

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PHONE NUMBER: _____

TYPE OF MEMBERSHIP: SELF _____ SPOUSE _____ JUNIOR _____

NRA MEMBER NUMBER: _____ TYPE: _____ EXPIRES: _____

REASON FOR WANTING TO JOIN MISFITS: (USE BACK OF PAPER IF NECESSARY)

I have read, understand and will comply with range rules.

SIGNATURE _____ DATE _____

(For club use only) PAYMENT RECEIVED: _____

APPROVED _____ DATE _____

MISFITS CLUB MEMBER NUMBER: _____