



BORDERTOWN GUNS INCORPORATED

RANGE MEMBERSHIP APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Membership Type (check **ALL** that apply)

DOB _____

- Gold Family Monthly
- Silver Single Annually
- Archery

Total Price _____

IF CHOOSING FAMILY MEMBERSHIP, LIST ALL IMMEDIATE FAMILY MEMBERS LIVING WITH YOU.

Spouse _____

Child _____

Child _____

Child _____

Child _____

_____ Copy of State ID _____ Copy of FOID _____ Signed Range Release _____ Safety Video

Referred By _____ Member ID Number _____