

Polson Shooters Association Gun Range Membership Application

Are you over 18 years of age Yes No

Have you ever been convicted of a Felony Yes No If yes, I agree to waive my rights under the Privacy Act and disclose the nature of the felony conviction for consideration of membership in the Polson Shooters Association.

Date: _____ Signed: _____

Name: (Please Print) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____

Email: _____

Fee:

- Day Shooter \$5/day
- Individual \$30/year
- Family (Spouse and Children 18 years of age and under) \$40/year

Enclosed Cash \$ _____ Check # _____ Please do not send cash in the mail

Mail form and your remittance to:

Polson Shooters Association, PO Box 1712, Polson, MT 59860-1712

I would like to volunteer as Range Officer Range Maintenance

Please check us out at: Facebook: Polson Shooters Association **and**

Website: <https://polsonshootersassociation.org>

(Office Use Only: Roster Range Card Email Date Sent/Mailed _____)