BEST DEFENSE
ARMORY & RANGE
MEMBER

2027 MEMBERSHIP ENROLLMENT & PAYMENT AUTHORIZATION

MEMBER INFORMATION

Full name: _____ Phone: _____ Date of birth: _____

Email: _____ Street address: _____

City: _____ State: _____ ZIP: _____ ☐ New member ☐ Existing member

MEMBERSHIP & COVERAGE — CHECK SELECTIONS

PLAN (select one)	MONTHLY BASE DUES	ANNUAL BASE DUES (10% OFF)	INITIATION
☐ Essential	$34.00	$367.20	$99
☐ *Select*	$59.00	$637.20	$149
☐ PREMIER	$84.00	$907.20	$199

☐ *Select*: Add Right To Bear (+$10/mo; +$120/yr) ☐ *Select*: Decline RTB

☐ PREMIER: Right To Bear included ($0) ☐ I OPT OUT of Right To Bear.

☐ PREMIER: Spouse/partner range access (+$20/mo; +$240/yr)

☐ PREMIER: Dependent child(ren) (+$10/mo; +$120/yr EACH) Qty: ____

Spouse/partner full name: _____ Dependent child name(s): _____

☐ Request RTB family benefits for in-home spouse/partner (*subject to RTB eligibility/enrollment*). Family range access does not itself confer RTB coverage. Spouse/partner full name: _____

PAYMENT METHOD, FREQUENCY & AMOUNTS

Payment method: ☐ ACH Frequency: ☐ Monthly ☐ Annual recurring

Annual charges are paid in full upfront and at each annual renewal; 10% discount applies ONLY to base membership dues.

Base dues: $_____	RTB add-on: $_____	Spouse/partner: $_____
Dependent child(ren): $_____	One-time initiation: $_____	Other one-time: $_____
TOTAL RECURRING DEBIT: $_____	TOTAL INITIAL CHARGE: $_____	First charge date: _____

Annual renewal date (if applicable): _____ Staff initials: _____ Membership start date: _____

ACH BANK DETAILS & AUTHORIZATION (ACH PAYERS ONLY)

☐ Begin payment ☐ Change bank/payment information Account type: ☐ Checking ☐ Savings

Depository name: _____ Name(s) on account: _____

Routing number: _____ Account number: _____

I (we) authorize Lakes Trading Company (DBA: Best Defense Armory & Range, "COMPANY") to electronically debit the account identified above for the selected recurring monthly or annual payment amount, and, if necessary, credit the account to correct erroneous debits. These are recurring entries and continue until authorization is revoked. I (we) agree that authorized ACH transactions comply with applicable law. COMPANY will provide advance written or electronic notice of changes in recurring membership rates before debiting the adjusted rate, subject to applicable notice requirements. I may revoke ACH authorization by providing written notice to COMPANY at its business location sufficiently in advance to allow a reasonable opportunity to act. Revoking ACH does not itself cancel membership or amounts owed.

ACH account holder signature: _____ Date: _____

MEMBERSHIP AGREEMENT & ACKNOWLEDGMENT (ALL MEMBERS)

By signing this form, among other things, members acknowledge selecting a 2027 tier by December 31, 2026 owe no additional initiation fee, including upgrades. After that date, Core converts to Essential effective January 1, 2027; members in other tiers will be contacted to select a tier. Changes in recurring charges require appropriate authorization.

I confirm the selections and charges above, agree to Best Defense Armory & Range Membership Terms & Conditions effective January 1, 2027 (available on the website and in print at the range), and acknowledge the opportunity to review them before signing. I agree to posted range safety rules. Benefits, eligibility, guest use, cancellation and renewal are governed by those terms. Annual memberships automatically renew every 12 months unless canceled at least 30 days before renewal. Right To Bear benefits, if elected or included, are provided by RTB under separate program terms, not guaranteed by Best Defense.

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CREDIT CARD PAYMENT AUTHORIZATION — OPTIONAL PAGE 2

Complete this page ONLY if the member selects credit card as the payment method on Page 1. Keep both pages together.

1 MEMBER & BILLING REFERENCE

Member name (as on Page 1): _____

Cardholder name (if different): _____

Billing street address: _____

City: _____ State: _____ ZIP: _____

2 CARD PAYMENT DETAILS

Card type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Other: _____

Payment processor token / stored payment method reference (if available): _____

Card last four digits: _____ Expiration (MM/YY): _____

For security, card numbers and CVV/security codes must be entered directly into the approved payment processor; do not write them on this form.

3 RECURRING PAYMENT AUTHORIZATION

Payment frequency (must match Page 1): ☐ Monthly ☐ Annual recurring

Authorized recurring amount (from Page 1): $_____ Initial charge (from Page 1): $_____

First scheduled charge date: _____ Annual renewal date (if applicable): _____

I authorize Lakes Trading Company (DBA: Best Defense Armory & Range) to charge my card or securely stored payment method for the initial and recurring amounts identified above at the selected frequency. Annual charges include base dues and applicable add-ons collected upfront and at each annual renewal; one-time initiation charges are not recurring. I understand membership prices may change subject to advance notice and applicable law, and that authorization continues until withdrawn. I may withdraw card payment authorization by written notice to COMPANY sufficiently in advance to allow processing. Withdrawal of payment authorization does not itself cancel my membership or waive amounts owed. Membership renewal and cancellation remain governed by the Membership Terms & Conditions acknowledged on Page 1.

Cardholder signature: _____ Date: _____

4 STAFF PROCESSING RECORD

Processed by: _____ Date: _____ Processor confirmation/reference: _____

☐ Card securely stored in approved processor ☐ Page 1 and Page 2 retained together

Important: Do not retain a CVV or full card number on paper. Follow payment processor rules and applicable card-network requirements.