

**Membership Agreement**

1. Primary Member's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

3. Phone Number: - -

4. D. L. # & State Issuing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Age: \_\_\_\_\_\_\_\_ (Must be 18 years of age or older)

7. Social Security # - -

8. E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Membership Agreement between Member, listed in section 1, above, and Gun Runner Shooting Sports LLC (GRSS) is valid and binding as long as the membership has not been terminated as per GRSS Rules, Policies and Regulations, or by the member themselves. Failure to pay dues will void this membership agreement. A late fee of $25 will be applied for any payments that are 15 days delinquent. A charge of $25 will be made for any checks returned due to insufficient funds. GRSS may change the dues to be paid under this Agreement by notifying members of such change at least 30 days in advance. All one-time membership fees and dues paid to GRSS are final and non-refundable.

Please choose Membership option below: (Membership descriptions and benefits as currently listed on website)

 **Family Membership**

□ One-time payment of $500.00 plus tax and Annual payments $375.00 plus tax

□ Retired LE/ Military/ Firefighter/ EMS one-time payment of $450.00 plus tax and annual payments of

 $337.50 plus tax.

**Basic Membership**

□ One-time payment of $500.00 plus tax and Annual payments $250.00 plus tax

□ Retired LE/ Military/ Firefighter/ EMS one-time payment of $450.00 plus tax and annual payments of

 $225.00 plus tax.

**Premium Membership**

□ One-time payment of $500.00 plus tax and Annual payments $475.00 plus tax

□ Retired LE/ Military/ Firefighter/ EMS one-time payment of $450.00 plus tax and annual payments of

 $427.50 plus tax.

**First Responder Membership**

□ Annual payments of $250.00 plus tax

You understand that the above referenced fees and dues are specific to you and do not necessarily represent other members’ dues and fees and GRSS may change dues and fees with notice as provided above.

**Members Right to Cancel:** You may cancel membership at any time by sending written notice to GRSS.The membership fee shall be earned in full upon receipt and shall be non-refundable in the event of your cancellation of the membership or the termination by GRSS for any reason.

**Right to suspend or terminate Membership:** Any violation of GRSS rules, policies, or local, state, and federal laws by you, your family members or your guest shall be grounds for immediate suspension or termination of all of or part of your Membership privileges. Any conduct which, in the opinion of GRSS management in its sole discretion, is prejudicial to the welfare, good order, and character of GRSS, shall also be grounds for suspension or termination of all of or part of your Membership. GRSS management along with its’ legal council will have sole discretion with regards to suspension and termination of all or part of ones’ Membership.

**Alcohol Policy:** NO alcoholic beverages allowed on range facilities. Anyone who has consumed or appears to have consumed alcohol, intoxicants or medications that impair ones’ abilities, will be denied access to range facilities. The GRSS building will be located at the front of the property with the electronic gate, which controls access to the firearm ranges, further down the graveled road. If the building is rented by members or other groups for an occasion not involving firearms or archery, then alcohol is allowed. In this case, all firearms and archery equipment of attendees must be secured and access to ranges will not be permitted.

**Guest Policy:** Members who bring guests or family members must go through a block of instruction on how to be an Acting Range Safety Officer as they will be responsible for their guests. This instruction will be given as soon as time permits and schedules allow. There will be no fee for this instruction. Members are responsible for supervising their family members and guests at all times they are on GRSS premises and for any damages they may cause. If a member wishes to bring more than five guests or family members, additional RSO’s must be hired. One RSO per five additional shooters. Members must be in a position to observe their guests at all times while on the firing line unless another RSO is present to supervise the line.

**ID Policy:** Upon request by any GRSS staff, members will furnish valid ID or membership card for identification purposes.

You agree that GRSS is not responsible for the actions of its members or guest. All personal property brought onto GRSS premises is done at your own risk. GRSS is not responsible in any way for damage to or loss of any personal property that you or your guest bring onto GRSS property. You agree to pay for all damage to GRSS property caused by you, your family members and your guest.

You understand that being a member of GRSS does Not mean you own any interest, stock or any form of equity in Gun Runner Shooting Sports LLC, or any real estate upon which GRSS facilities are located.

**YOU CERTIFY THAT YOU HAVE READ THIS MEMBERSHIP AGREEMENT AND YOU ACKNOWLEDGE RECEIPT OF A FULLY COMPLETED COPY OF THIS MEMBERSHIP AGREEMENT EXECUTED BY YOU AND GRSS. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU UNDERSTAND AND AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS OF THIS MEMBERSHIP AGREEMENT’S TERMS.**

Member Orientation Completed YES / NO Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acting Range Safety Class Completed YES / NO Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Waiver Signed YES / NO

Signature of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Interviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_