

EUNICE GUN RANGE MEMBERSHIP APPLICATION

MEMBERSHIP ISSUED BY _____

MEMBERSHIP PAID THROUGH DECEMBER 31, _____

TODAY'S DATE _____, NEW MEMBERSHIP YES NO

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

DUES ARE PAID JANUARY 1 THROUGH DECEMBER 31 OF EACH YEAR. I CERTIFY THAT I WILL BE SHOOTING AT MY OWN RISK ON THIS RANGE AND WILL FOLLOW ALL SAFE SHOOTING PRACTICES AND FOLLOW THE RANGE RULES AND REGULATIONS AND AM RESPONSIBLE FOR MY OWN ACTIONS. PLEASE SIGN BELOW.

MEMBERSHIP COST \$40 PER YEAR

PAID BY: CASH CHECK CREDIT CARD

RULES AND REGULATIONS

1. NO ALCOHOL ALLOWED-MEMBERSHIP WILL BE REVOKED.
2. OBSERVE ALL SAFE SHOOTING PRACTICES AND ASK OTHERS TO DO THE SAME.
3. KEEP GATE CLOSED AND LOCKED AS YOU ENTER AND LEAVE.
4. YOU MAY BRING TWO VISITORS AT ANY TIME. LOCAL GUESTS ARE ASKED TO GET A MEMBERSHIP AFTER THE SECOND VISIT.
5. LOANING YOUR KEY TO A NONMEMBER IS NOT ALLOWED-YOUR MEMBERSHIP WILL BE REVOKED.
6. ANY MEMBER OR GUEST THAT SHOOTS OR VANDALIZES ANY GUN CLUB PROPERTY WILL BE PROSECUTED AND THEIR MEMBERSHIP WILL BE REVOKED FOR LIFE. BY MY SIGNATURE ABOVE I AGREE THAT I AM RESPONSIBLE AND LABEL FOR MY ACTIONS WHILE SHOOTING.