



PLEASE PRINT LEGIBLY

MEMBERSHIP APPLICATION

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTHDATE _____ EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

U.S. CITIZEN (Y/N) _____ NRA MEMBER (Y/N) _____

HAVE YOU EVER BEEN CONVICTED OF DOMESTIC VIOLENCE OR SUBJECT TO A RESTRAINING ORDER? (Y/N) _____

340 DEFENSE POLICY

MY MEMBERSHIP IS FOR ONE YEAR FROM THE DATE I SIGN UP. AS A MEMBER AT 340 DEFENSE SHOOTING RANGE, I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS AND UNDERSTAND THAT FAILURE TO COMPLY WITH THESE RULES MAY RESULT IN SUSPENSION OF MEMBERSHIP WITHOUT REFUND. THERE ARE NO REFUNDS OF MEMBERSHIP FEES.

MEMBER SIGNATURE: _____ DATE: _____

MEMBERSHIP TYPES:

- Daily \$50.00/Day (Includes first hour)/Each additional hour \$20.00
- Hourly \$75.00/Year + \$20.00 per hour range time
- Unlimited \$300.00/Year – (One Individual)
- Family/Corporate \$500.00 (Three Memberships) – Add additional Family Members for \$100.00 each.

Card # _____ Issued by: _____

Sponsor Name: _____ Card #: _____