



Alex Acres Rifle and Pistol Range, LLC

APPLICATION FOR MEMBERSHIP

PLEASE PRINT OR TYPE:

Name: _____ **DOB:** _____

Last First Middle

Address: _____ **Home Phone:** _____

Street Apt # **Cell Phone:** _____

_____ **Marital Status:** _____

City State Zip Code

Email: _____ **Occupation:** _____

U.S. Citizen: Yes ____ No ____ **NRA Member:** (Y/N) ____ **Registered Voter:** (Y/N) ____

Spouse's Name: _____

Please explain any formal firearms experience: _____

In the handling of firearms, the applicant is: Inexperienced ____ Safe ____ Experienced ____

Please indicate your shooting interest: Black Powder ____ Pistol ____ Rifle ____ Other _____

Pistol Permit: Yes ____ No ____ **If yes, State of Issue:** _____ **Permit #:** _____

Do you have a Hunter's Safety Card? Yes ____ No ____

Do you know and abide by the rules of safe gun handling? Yes ____ No ____

Have you ever been convicted of anything other than a traffic violation? Yes ____ No ____

If yes, please indicate date and nature of conviction: _____

TURN OVER TO COMPLETE

Are you now or have you ever been a member of any foreign or domestic organization, group, association, or movement which is either totalitarian, fascist, communist, or subversive, or has adopted a policy whereby its members have advocated the commission of acts of violence to deny other persons their rights under the Constitution of the United States the Bill of Rights, or which seeks to alter, undermine or overthrow the form of government of the United States of America by unconstitutional means?

Yes _____ No _____

I, the undersigned, understand that all membership appointment tendered me will be contingent upon my conduction as a prudent person and adhering to all safety rules and regulation sof the ranges when firing. I further understand that willfully withholding information or making false statements on this application will be grounds for dismissal from Alex Acres Rifle & Pistol Range, LLC and forfeiture of all range privileges. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that I may be liable for any injury or damage caused by me, my family, or my guests.

Applicant Signature: _____ Date _____

Alexander Personnel Signature: _____ Date _____

Membership Amount: _____ Payment: Cash _____ Check _____ Other _____

Membership Term: 1 Year _____ 6 Months _____

Type of Membership (Circle One):

Adult Husband+Wife (Married Couple) Child (under 18) Over 65 Armed Forces