

Membership # \_\_\_\_\_

Customer # \_\_\_\_\_



Valley Range

### Membership Information

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Gender: Male  Female  Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ NRA Member Yes  No

Spouse's Name: \_\_\_\_\_

How did you hear about the Range?  Facebook  Family  FAST  Friend  Gun Show  Instagram  Radio  Sportsmen's Expo  Website  YouTube

#### General

**I understand that I must be 21 years or older to be a member of Lead Valley Range. I understand that no membership will be established with anyone less than 21 years of age.**

Over 21 years of age Yes:  No:

Are you a US Citizen? Yes:  No:

Are you prohibited by state or federal law from possessing firearms or ammunition? Yes:  No:

Have you ever been convicted of any domestic violence offense? Yes:  No:

Are there felony criminal charges or domestic violence offenses currently pending against you? Yes:  No:

Are you an unlawful user or addicted to a controlled substance? (includes all marijuana products) Yes:  No:

#### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Membership Certification

I certify that, to the best of my knowledge and belief, all of the information on this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on this application may be grounds for revoking membership and forfeiting any money paid by me. I understand that any information I give may be investigated.

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

Initial \_\_\_\_\_ Date \_\_\_\_\_  Cash  Ck  CC # \_\_\_\_\_