

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?

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 # _____