

Membership

Single: \$50
Family: \$100

**City of Merrill
Shooting Range
Membership Form**



Name: _____
Last First Middle Initial

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: *(Required)* _____

Cell Phone: *(Required)* _____

Vehicle Make: _____ Model: _____ Year: _____ Plate # _____

Emergency Contact: _____ Phone: _____

Do you currently have a concealed carry permit? YES___ NO___

Are you currently in the military, have been in the military, retired military, or a veteran? YES___ NO___

I certify that I am not prohibited from owning or using firearms: _____ *(Initials)*

I certify that the above information is correct and that the City of Merrill may revoke my privileges at any time to the Merrill Shooting Range: _____ *(Initials)*

Please provide a copy of your Driver's License

Access to Smart Phone or tablet required for gate access

Fees to be collected at time of application and are Non-Refundable.

All memberships will expire on the 31st day of Dec and are not guaranteed 12 months of service.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Fees Collected: YES___ NO___ Amount: _____ Date: _____

Provided range rules and safety information: YES___ NO___

Signed waiver of liability form: YES___ NO___