

Membership

Single ___ \$50
Family ___ \$100



Name: _____
Last First Middle Initial

Date of Birth: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Email: *(Required)* _____

Telephone: Home: _____ Cell: _____

Vehicle description and license plate number: _____

Emergency Contact: _____ Phone: _____

Do you currently have a conceal carry permit? YES ___ NO ___

Have you attended a hunter safety course? 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 any municipal, county, state, or federal agency can revoke my privileges at any time to use the Merrill Shooting Range: _____ *(Initials)*

Please provide a copy of your Driver's License

Access to Smart Phone or tablet required for access

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

All memberships will expire on the 31st day of Dec of the current year of membership and are not guaranteed 12 months of service. Memberships are not prorated based on date of membership or renewal.

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 ___