



Key # \_\_\_\_\_

## Merrill Shooting Range Membership Form

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Vehicle description and license plate number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Do you currently have a conceal carry permit? \_\_\_\_\_

Have you attended a hunter safety course? \_\_\_\_\_

Are you currently in the military, have been in the military, retired military, or a veteran? \_\_\_\_\_

I certify that I am not prohibited from owning or using firearms: \_\_\_\_\_

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: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Yearly Membership Fees Single: **\$50.00**

Yearly Membership Fees Family: **\$100.00**

Fees Collected: YES NO Amount: \_\_\_\_\_

Provided range rules and safety information: YES NO

Signed waiver of liability form: YES NO