

**EL PASO GUN & MARKSMANSHIP
MEMBERSHIP APPLICATION**

Last Name _____ First _____ Middle _____

Address, City, ST, Zip _____

Cell Phone _____ Date of Birth ____/____/____

Email Address (required) _____

Employer _____

Spouse Name _____

Children (living at home):

Child 1 _____ Age _____ Child 2 _____ Age _____

Child 3 _____ Age _____ Child 4 _____ Age _____

Please provide basic information for the vehicle(s) you will bring to the range:

<u>YEAR</u>	<u>MAKE / MODEL</u>	<u>COLOR</u>	<u>LICENSE PLATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATIONS:

I hereby certify that I may legally possess and/or utilize firearms under current federal, state, and municipal laws and statutes.

I agree to observe all safety rules, be bound by the liability waiver, and agree that this extends to my family and guests.

I hereby request consideration for membership in the El Paso Gun and Marksmanship and certify all the above information is true and correct to the best of my knowledge and that I have read the ASSOCIATION & SAFETY RULES and LIABILITY WAIVER.

By signing this application, I agree to the above certifications.

Applicant Signature _____ Date _____