

# Tri State Shooting Park

P. O. Box 8353, Fort Mohave, AZ 86427

## MEMBERSHIP APPLICATION (Please Print)

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us \_\_\_\_\_

### ANNUAL MEMBERSHIP FEE: Per Calendar Year \$60.00

Includes self, spouse and any children under 18

I have read and agree to abide by all Range Rules. I understand that gross safety violations or failure of myself and/or family members or guests to follow the Range Rules or the Range Safety Officer's directions may result in immediate expulsion from the Range and/or cancellation of membership without refund.

I will not share my membership code

When there is no Range Safety Officer present, I agree to cooperate with any other members using the range to ensure a safe shooting environment is maintained at all times.

I fully understand that there is a potential personal risk involved in the use and handling of firearms, and I assume all personal risk of property damage, bodily injury or death, which may occur as a result of my participation in this activity.

I agree to hold blameless and do hereby indemnify, waive and release from all liability Tri-State Shooting Park, Inc., their partners, agents, participants or volunteers for all risks, damages, injuries or death occasioned by my participation in any activities on the grounds or Range.

I am not prohibited by any federal, state or local law from owning, possessing or operating firearms.

\_\_\_\_\_  
Member Applicant

\_\_\_\_\_  
Date

Organizational Use Only:

Membership Gate Code \_\_\_\_\_

Staff Initials \_\_\_\_\_

Key Tag # \_\_\_\_\_ Gate Remote # \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_