MEMBERSHIP APPLICATION FORM

STATESMAN'S PRIVATE SHOOTING CLUB

Applicant Name: _____

Date of Birth: _____

Driver's License Number: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Requested Membership Type:
■ Single Shooter
■ Family Membership
■ Founding Membership
■ Corporate Membership
■ Equity Corporate Membership

For Family Membership:
List all household members covered under membership:

_____

_____

_____

For Corporate Membership:
Business Name: _____

Business Type: _____

Business License Number (if applicable): _____

Insurance Carrier: _____

Policy Number: _____

Have you ever been convicted of a felony involving unlawful firearm possession where prohibited by law?
■ Yes ■ No

Do you agree to comply with all club rules, firearm safety standards, and no drugs/alcohol policy?
■ Yes ■ No

Applicant acknowledges that approval is subject to owner discretion and that membership is a privilege, not a right.

Applicant Signature: _____

Date: _____