

WEeping WATER GUN CLUB MEMBERSHIP APPLICATION

www.weepingwatergunclub.com

First Name		MI Last Name		Suffix
Street Address				
City	State	Zip	DOB	
E-Mail				
Home Phone			Cell Phone	
NRA Membership Number		NRA Expiration Date		
Background Check Type	Background Check ID Number		Background Check Expiration Date	
<input type="checkbox"/> Concealed Carry				
<input type="checkbox"/> Purchase Certificate				
<input type="checkbox"/> Other				
Volunteer Interests			Do you have any skills or equipment that you would be willing to volunteer the use of?	
<input type="checkbox"/> Grounds <input type="checkbox"/> Safety <input type="checkbox"/> Targets <input type="checkbox"/> Food <input type="checkbox"/> Newsletter <input type="checkbox"/> Website				
Spouse Name		Family Members		
How did you hear of us?				
<input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Other _____				
Do Not Write Below This LineClub Use Only***				
Range Rules Signed	Approved Date	Membership Card Type	RSO	RSO Expiration Date
			YES or NO	
Dues Paid Until	Amount Paid	Payment Method	Bank	Check Number
		Cash or Check		
Approvals				
Board Member				
Board Member				
Board Member				
Board Member				