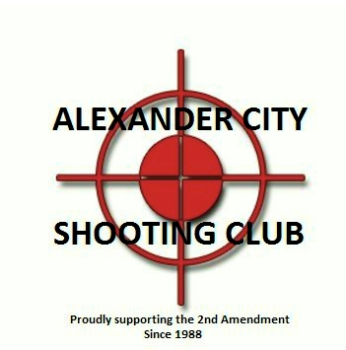


Date received _____



Alexander City Shooting Club
 Membership Application
 Please Mail to: P.O Box 177
 Alexander City, AL 35010

Name: _____

Address _____

Phone _____

Membership NRA # _____

Type NRA Membership Annual or Life

Sponsor _____
 (must be a club member in good standing)

Email Address _____

I have read and understand the Alexander City Shooting Club range rules and agree to follow all club rules and recognize that failure to observe any of the rules or regulations will result in revocation of my membership. Furthermore, I affirm I am a member of the National Rifle Association (NRA) in good standing.

Signature

Date

Rules are subject to change without notice.

Club use only

Approved or disapproved _____
 Date _____
 Dues and Ins. _____