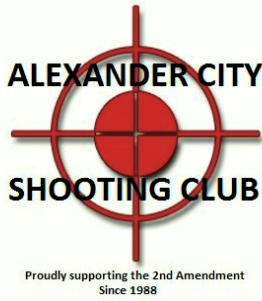


Date received \_\_\_\_\_



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. \_\_\_\_\_