

Marana Shooting Club Membership Application

Please complete and mail to Marana Shooting Club, PO Box 156, Marana, AZ 85653.
Call Rangemaster to confirm receipt (520) 309-0843

PRIMARY MEMBER

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____

Email Address: _____

Would like to be a volunteer? Yes ____ No ____

SPOUSE AND IMMEDIATE FAMILY MEMBERS (Complete for Family Membership)

A Family Membership covers primary member, spouse, and immediate family members 21 and younger living in the same household.

Spouse First Name: _____ MI: _____ Last Name: _____

Children and Birthdates: _____

Individual (\$75.00): \$ _____

Family (\$100.00): \$ _____

Total: \$ _____

I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, cause of action, suits and rights I, or anyone on my behalf, might have against Marana Shooting Club Inc., its officers and/or directors for personal injury, loss or damage to my property which I [or anyone claiming by or through me] may have against MSC, its officers and/ or directors, as a result of my taking part in activities sponsored, sanctioned or approved by MSC, its officers and/or directors.

I have read and fully understand the safety rules of the range! I agree to comply with the safety rules and all instructions from the range master. I understand that failure to do so can result of loss of range privileges and/or revocation of membership. I agree to comply with firearms law and regulations applicable to my possession and/or use of firearms at the range.

Signature of Primary applicant: _____ Date: _____

Signature of Spouse applicant: _____ Date: _____