

| P.O. Box 3609, Show Low wmsainc.org | AZ 85902-3609 | Payment: _ | cash | check amount |
|--|----------------------------|--|------------------------|--------------------|
| MEMBERSHIP APPLICATI | ON | New - | Renewal | |
| Please PRINT clearly | | Membershi _j | | |
| ricase rimer cicarry | | Weinselsin | o mamber. | |
| Name | | | Year of Birth | NRA member Y/N |
| Mailing Address (P.O. box or street) | | | | |
| City | | | State | ZIP Code |
| Phone Number | e-Mail Address | | | |
| Signature | | | | Date |
| For WMSA membership, a far living in the same household. | nily consists of spo | uses or domestic partners a | and depende | ent children |
| Spouse Name | | | Year of Birth | NRA member Y/I |
| See re | verse to add additi | onal household family men | nbers. | |
| Membership Dues: The membership have the option of pro-rating the first submitted late. | · | | • | |
| Individual Membership | \$30.00/year | Family Membership | : | \$50.00/year |
| Join October through December | \$22.50 | Join October through Decemb | | \$37.50 |
| Join January through March Join April through June | \$15.00 \$ 7.50 | Join January through March Join April through June | | \$25.00 \$12.50 |
| JUNIOR MEMBERSHIP: Junior member does/do not wish to participate in a Follogal guardian must sign below. | ership is intended for sho | ooters below the age of 18 years w | hose parent(s) | or guardian(s) |
| Name of Parent or Legal Guardian | Signat | ure | | Date |
| Junior Membership \$15.0 0 Join January through Marc | • | Join October through Decemb Join April through June | per \$11.25 \$ 3.75 | |

Use of the Second Knoll Target Range requires that each adult user sign the Waiver of Liability, Hold Harmless and Indemnification Agreement.

Please PRINT clearly

ADDITIONAL HOUSEHOLD FAMILY MEMBERS:

For WMSA membership, a family consists of spouses or domestic partners and dependent children living in the same household.

| Additional Household Family Member | Year of Birth | NRA member Y/N |
|------------------------------------|---------------|----------------|
| Additional Household Family Member | Year of Birth | NRA member Y/N |
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