P.O. Box 483
Cascade, ID 83611

Valley CountyGunClub@gmail.com

MEMBERSHIP APPLICATION

Please print legibly and sign all forms where indicated

Send completed Membership Application and Liability Waiver to P.O. Box 483, Cascade, ID 83611

Name: _____ _____ _____
First **M.I.** **Last**

Address: _____ _____
Street Address/P.O. Box **City**

_____ _____
State **Zip Code**

Telephone: **Home** (_____) _____ **Cell** (_____) _____

Email Address: _____

Age at date of signing: _____ **Birthdate:** _____

Occupation: _____

INFORMATIONAL SURVEY

Are you an NRAS Member? Yes_____ No_____ If Yes, Membership #: _____

Do you hold Training Credentials or Memberships with NRA or other similar Organizations?

Yes_____ No_____ If Yes, please list: _____

_____

Are you willing to work on Club Committees and/or Club Projects? Yes_____ No_____

What is your level of experience with Firearms? _____

What is your primary interest in joining the VCGC?

Hunting_____ Trap Shooting_____ Rifle Shooting_____

Black Powder_____ Archery_____ Pistol Shooting_____ Other_____

Range Rules Received & Read _____(initial)

Signed: _____ Date: _____

Membership Requested **(Category must be marked)**

_____Individual $50 **_____Family* $75**

***Immediate Family Members Only —living at home**
(Spouse, Significant Other, Children up to 21 yrs)
List information for each family member on page 2

Office Use Only
Membership Paid
Check#_____ **Cash_____**
Credit Card_____ **Amt_____**
Date_____

FAMILY MEMBERS

Name: _____ _____ _____
First M.I. Last
Relationship: Spouse____ Significant Other_____ Child_____ (B.D._____)
Address: _____ _____
Street Address City
_____ _____
State Zip

Name: _____ _____ _____
First M.I. Last
Relationship: Spouse____ Significant Other_____ Child_____ (B.D._____)
Address: _____ _____
Street Address City
_____ _____
State Zip

Name: _____ _____ _____
First M.I. Last
Relationship: Spouse____ Significant Other_____ Child_____ (B.D._____)
Address: _____ _____
Street Address City
_____ _____
State Zip

Name: _____ _____ _____
First M.I. Last
Relationship: Spouse____ Significant Other_____ Child_____ (B.D._____)
Address: _____ _____
Street Address City
_____ _____
State Zip

Name: _____ _____ _____
First M.I. Last
Relationship: Spouse____ Significant Other_____ Child_____ (B.D._____)
Address: _____ _____
Street Address City
_____ _____
State Zip

A signed Release Waiver must be filled out and signed for each family member listed, and must accompany the Membership Application