

**ROCKVALE GUN CLUB
MEMBERSHIP APPLICATION**

**Rockvale Gun Club
P O Box 38
Rockvale, CO 81244**

Name on Membership: Single _____ Family _____

Members MUST be 21 years old. Members may take guests with them to the range.
Your name will be available to other club members unless otherwise requested.

Each member that applies for membership agrees to authorize Rockvale Gun Club to conduct a Criminal Background check. By signing and dating below.

Name (Please print and sign) _____ Date of Birth _____ Occupation _____ Drivers License # _____

E-mail address _____

Are you a member of:

Mailing/Street Address _____

NRA – yes _____ no _____

City/State _____ Zip _____

SASS – yes _____ no _____

Phone Number _____

USPSA – yes _____ no _____

Rockvale Affiliation: () Resident () Property owner () None

Dues are payable on June 1 annually

Rockvale Resident dues:

SINGLE membership \$12 plus \$9 insurance
FAMILY membership \$17 plus \$9 for each member

Non-Rockvale Resident dues:

SINGLE membership \$25 plus \$9 insurance
FAMILY membership \$30 plus \$9 for each member

Please bring your completed application to Our Meeting held on the first Thursday of each month either at the gun range or at the Rockvale Community Meeting Hall at 7:00 p.m. Please call 719-784-6658 for exact location.

I understand a copy of the Firearms Safety is posted at the range and I will read this at my next visit to the range.

By signing this document, I agree: 1) to assume personal responsibility of my actions, 2) to personally assume the risks involved with handling firearms, 3) to waive the right of action against The Rockvale Gun Club and the Town of Rockvale, CO, 4) to conduct myself accordingly.

Signature _____ Date _____

Referred by: _____