

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, one guest shooting per member at any one time.

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 Driver's License # + Photo Copy

E-mail address (print clearly): _____
Mailing/Street Address: _____
City/State: _____ Zip _____
Phone Number: _____

Are you a member of:
NRA - yes ___ no ___
SASS – yes ___ no ___
USPSA – yes ___ no ___

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

Dues are payable on June 1 annually

Rockvale Resident dues:

SINGLE membership \$12 plus \$20 insurance
FAMILY membership \$17 plus \$20 for each member

Non-Rockvale Resident dues:

SINGLE membership \$25 plus \$20 insurance
FAMILY membership \$30 plus \$20 for each member

Non-Fremont County Residents/Non SASS Member dues:

SINGLE membership \$40 plus \$20 insurance
FAMILY membership \$50 plus \$20 insurance

Please bring: your completed application along with a copy of your Driver's License to our Meeting held on the third Saturday of each month at the Rockvale Gun Range at 1:00pm Summer Hours May to October or 2:00pm/ Winter Hours November to April. Please e-mail any correspondence to rockvalebunch@gmail.com.

I understand a copy of 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: _____