

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 <u>and</u> sign)	Date of Birth	Occupation	Drivers License #
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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, June thru September at the Rockvale gun range or October thru May at the Rockvale Community Meeting Hall at 7:00 p.m. Please e-mail any correspondence to [rockvalebunch@gmail.com](mailto:rockvalebunch@gmail.com).

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:** \_\_\_\_\_