

Washington County Tactical Range Membership Renewal – 2021

25 Greaves Road #219
West Alexander, PA 15376

Member Name: _____ DOB: ____/____/____ (Add \$97.50)

Spouse's Name (if joining): _____ DOB: ____/____/____ (Add \$50.00)

1st Child's Name (16-17 yrs. old if joining): _____ DOB: ____/____/____ (Add \$50.00)

2nd Child's Name (16-17 yrs. old if joining): _____ DOB: ____/____/____ (Add \$50.00)

Address: _____ -----

City / State: _____ **TOTAL PAID: \$ _____**

Zip Code: _____ **Make checks payable to:
WCMG LLC**

Phone Number: _____ Range ID: _____

Email address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

List any skills that may benefit the range (construction, bricklaying, gunsmithing, firearm instructor, web design, carpentry, chainsaw experience, etc.):

- If active NRA Member, what is your NRA number: _____
- Are you currently a NRA Range Safety Officer (Circle One) YES / NO
- Do you understand that no one under 16 is ever allowed on range (Circle One) YES / NO
- Do you agree to follow all rules and regulations of the gun range (Circle One) YES / NO
- Do you agree with our Release From Liability Waiver (Circle One) YES / NO
- Do you agree that you are responsible for your guests (Circle One) YES / NO

Signature: _____ Date: ____/____/____

Mail the completed application with a check or USPS Money Order to the address noted above. You will be notified within 15 days if your application is accepted for membership. If not accepted, your check will be returned to you.