

NWMACA APPLICATION FOR NEW CORPORATE MEMBERSHIP

Northwest Montana Arms Collectors Association
PO Box 653
Kalispell, MT 59903

website: nwmaca.wordpress.com

***Please check box for preferred mode of formal communications**

Corporate Name _____

Name _____ Primary Member _____

If this application is for spousal member

* Street/PO _____ City _____ ST _____ Zip _____

* Phone# _____ Phone #2 _____

Email address _____

Annual membership dues (new members will be prorated at \$8 per month):

Corporate Member shooting dues \$450.00
(good for first five members)

Additional Corporate Members \$ 90.00

Spousal Member (no proration) \$ 20.00
(Show name of Primary Member above)

Dues paid: _____ [] cash [] check # _____

Door Code # issued: _____

Door code will be phoned / emailed according to mode of communications selected above.

Annual memberships expire on Dec 31. Code will be disabled on Jan 15 if membership is not renewed.

Applicant agrees that person named above...

...MUST be on-site with all guests.

...May not loan out key code or key card.

...Is responsible to make certain all safety devices are used.

AFFIDAVIT: The undersigned agrees that he/she understands the federal and state requirements necessary to purchase a firearm, and that he/she would pass the background check necessary to purchase a firearm. The undersigned agrees that without their signature below their door code will not be activated.

Signed _____ Date _____ Printed name _____

Bring this form with you when you take your mandatory tour

Gerald Hill, Director and Past President: (406) 755-6057

David Mosby, President: (406) 471-0972

Ezra "Bubba" Gray, Secretary (406) 212-1563

Gerald Hanson, Treasurer: (406)-897-2989

Initials of person giving tour: _____