

# NWMACA APPLICATION FOR NEW MEMBER

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

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

Name \_\_\_\_\_ Name \_\_\_\_\_  
Primary applicant Spousal applicant

\*  Street/PO \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

\*  Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

**Annual membership dues (\* 1 and 2 below prorated by the month):**

- 1. Member\* \$ 175.00
- 2. NRA member\* \$ 130.00 Type \_\_\_\_\_ Num. \_\_\_\_\_
- Spousal member \$ 20.00 Show name of primary member above
- Instructor \$ 20.00 NRA, USCCA, 4-H or Hunter Safety
- Non-shooting member \$ 20.00

Dues paid \_\_\_\_\_ [ ] cash [ ] check # \_\_\_\_\_

Door Code (primary) \_\_\_\_\_ Door Code (spousal) \_\_\_\_\_ Key card available upon request.

**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...

...Will purchase \$15 limited membership\* for family members or guests who also use the range.

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

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

*\*Limited membership good for this calendar year. No access unless accompanied by full member.*

**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.

\_\_\_\_\_  
 Signed – Primary member Date Printed name

\_\_\_\_\_  
 Signed – Spousal member Date Printed name

**Bring this form and your payment when you take your tour**

- Gerald Hill, Director and Past President: (406) 755-6057
- David Mosby, President: (406) 471-0972
- Tracy Smith, Secretary: (406) 212-8232
- Gary Thuesen, Treasurer: (406) 253-1741

Initials of person giving tour: \_\_\_\_\_