

# NWMACA APPLICATION FOR NEW CORPORATE MEMBERSHIP

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

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

Corporate Name \_\_\_\_\_

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

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

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

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

**Annual membership dues (prorate \$8 per monthly increments remaining including current month):**

Corporate Member shooting dues \$450.00  
(minimum membership good for first five members)  
Additional Corporate Members \$ 90.00  
Spousal Member (no proration) \$ 20.00

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

Door Code (primary) \_\_\_\_\_ Door Code (spousal) \_\_\_\_\_

**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 all family members or guests who also use the range.

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

...Is responsible to make certain eye and ear protection 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 applicant Date Printed name

\_\_\_\_\_  
Signed-Spousal applicant Date Printed name

**Bring this form with you when you take your mandatory tour**

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