

# 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 & 2 below prorated in monthly increments):**

- 1. Member \*\$15 \$ 175.00
- 2. NRA member \*\$11 \$ 130.00 Membership 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) \_\_\_\_\_

**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 member Date Printed name

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

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

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