

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: _____