

NWMACA MEMBERSHIP RENEWAL

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

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

Name _____ Name _____
Primary member Spousal member
* Address _____ City _____ ST _____ Zip _____

Phone# _____ Phone # _____
* Email 1 _____ Email 2 _____

2023 Annual dues:

Member shooting dues \$ 175.00
NRA member shooting dues \$ 130.00 Type _____ Num. _____
Flathead Valley Archers
member shooting dues \$ 130.00
Spousal member \$ 20.00
Instructor \$ 20.00 NRA, USCCA, 4-H or Hunter Safety certified

Dues paid _____ [] cash [] check # _____

Annual memberships expire on Dec 31. Door code will be disabled on Jan 15 if membership is not renewed. Your existing door code will continue be used if payment is received after Jan 15.

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

Mail this form and dues payment to the P.O. Box above