## NWMACA APPLICATION FOR LIMITED MEMBERSHIP

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

All family members and guests using the range who do not have a full membership must purchase a Limited Membership.

Name			Date		
Street/PO					
City	ST	Zip			
Phone #					
Email					
\$20 per Calendar year n Please place your applicati front door, or mail it to our l	on and payment		ng mailbox on t	ne inside wall by	the
Your membership allows limited a full member. Your membership w to become a full member with unlibe applied as a reduction to the N	ill terminate at the mited rights to us	e end of th	e current calend	lar year. If you cl	noose
Applicant agrees to follow all post	ed range rules.				
Signed	Date				

FYI – This membership has been created so that you are covered by our General Liability Insurance Medical Payments clause..