Membership questions s/b asked to Lisa Bexten: (406) 261-4364 lisa@absmt.us

## **NWMACA NEW MEMBERSHIP**

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

Name		Name	<del></del>		
Primary membe	r	Spo	usal member		
Address		City		ST	Zip
Primary		Spouse			
Phone		Phone			
Primary		Spouse			
Email		Email			
Prefer	red mode of formal communi	cation (check one)	Thank you for ea	aving us the c	oet of enail mail
Email USPS	rea mode of formal communi	cation (check one)	Thank you for 30		RY RANGE TOU
Check all that are	a part of this applicati	on (See prorate tal	ole below)		pplication to the tou
\$175 Regular shootin			,		our exact payment.
\$130 NRA shooting n	ember of National R	ifle Assoc.	We cannot make change. We		
\$130 FVA shooting m	nembership Current me	ember of Flathead V	alley Archers		ular, NRA, FVA &
\$100 Group shooting	membership	Door cod	e activated as	•	berships. SEE FABLE. <b>Two tours</b>
Group Name		soon as 5	group shooting	are offered	
•	n of 5 Group shooting member	ers members	s have paid.	Mon. 5:30pi	
1	ng membership Spouse of		gets door code	Schedule yo	our tour w / Lisa at
				(406) 261-43	364
\$ 20 Instructor shoot	ing membership Currently of	certified with NRA, U	ISCAA, 4-H, FV	VP Hunter Edu	JC.
The continuite of Manach		d Diami			
] \$ 20 Limited Memb	ership - # of apps attached				_
PRORATE		Mar Apr May Jui 150 135 120 10			<u>рес</u> 15
TABLE	NRA & FVA 11 130 121			4 33 22	11
	Group 9 100 99			6 27 18	9
Duran maid		Prima	•	Spouse	
Dues paid	cash check #	Door (	Code	Door Code	)
	oire on Dec 31. Door code will be ayment is received after Jan 15.		f membership is r	not renewed. Y	our existing door code
AFFIDAVIT: The undersi	gned				
	e \$20 limited membership for all		ests who also use	e the range	
	an out key pad code or key card				
ū	all posted Range Rules  lembership is good for this cale	ndar vear No access	unless accompai	nied by full men	nher
	federal and state requirements				
	rchase a firearm	, .		·	Ü
Signed-Primary member		Date	Printed name		
Signed-Spousal member		Date	Printed name		

## 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 In Please place your applicate front door, or mail it to our	tion and payment		king mailbox on the inside wall by the
full member. Your membership	will terminate at th limited rights to us	e end of th	e as long as you are accompanied by a ne current calendar year. If you choos ge, your \$15 fee for this application ma
Applicant agrees to follow all pos	sted range rules.		
Signed	 Date		

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