

Membership questions s/b
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NWMACA MEMBERSHIP RENEWAL
Northwest Montana Arms Collectors Association
PO Box 653
Kalispell, MT 59903

Name _____ Name _____
Primary member Spousal member

Address _____ City _____ ST _____ Zip _____

Primary Spouse
Phone _____ Phone _____

Primary Spouse
Email _____ Email _____

Email USPS Preferred form of formal communication (check one) Thank you for saving us the cost of snail mail.

Check all that are a part of this application

- \$175 Regular shooting membership Basic membership
 - \$130 NRA shooting membership Current member of National Rifle Assoc.
 - \$130 FVA shooting membership Current member of Flathead Valley Archers
 - \$100 Group shooting membership
- Group Name _____ Door code activated as soon as 5 group shooting members have paid.
- Minimum of 5 Group shooting members
- \$ 20 Spousal shooting membership Spouse of primary member – has door code
 - \$ 20 Instructor shooting membership Currently certified with NRA, USCAA, 4-H, FWP Hunter Educ.
 - \$ 20 Limited Membership - # of apps attached _____. Blank form on next page

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.

AFFIDAVIT: The undersigned

- agrees to purchase a \$20 limited membership* for all family members or guests who also use the range
- agrees not to loan out key code or key card
- agrees to follow all posted Range Rules
- knows a Limited Membership is good for this calendar year. No access unless accompanied by full member
- understands the federal and state requirements necessary to purchase a firearm and would pass the background check necessary to purchase a firearm

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 membership

Please place your application and payment in the locking mailbox on the inside wall by the front door, or mail it to our PO Box shown above.

Your membership allows limited access to the shooting range as long as you are accompanied by a full member. Your membership will terminate at the end of the current calendar year. If you choose to become a full member with unlimited rights to use the range, your \$15 fee for this application may be applied as a reduction to the New Member fee.

Applicant agrees to follow all posted range rules.

Signed

Date

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