



# MEMBERSHIP APPLICATION

## TYPE OF ANNUAL MEMBERSHIP (SELECT ONE):

GENERAL MEMBERSHIP

Circle one: \$399 annually / \$35 monthly

GENERAL FAMILY MEMBERSHIP

\$499 annually / \$45 monthly

# \_\_\_\_\_ ADDITIONAL FAMILY MEMBERS

NAMES\*

GUARDIAN MEMBERSHIP

Circle one: \$349 annually / \$31 monthly

GUARDIAN FAMILY MEMBERSHIP

\$449 annually / \$40 monthly

ACTIVE DUTY LEO, FIREFIGHTER, EMS, ACTIVE OR RESERVE  
MILITARY, RETIRED WITH CREDENTIALS (LIST ALL):

# \_\_\_\_\_ ADDITIONAL FAMILY MEMBERS

NAMES\*

PLATINUM MEMBERSHIP

\$1200

Circle one: \$1,200 annually / \$105 monthly

PLATINUM FAMILY MEMBERSHIP

\$1500

\$1,500 annually / \$130 monthly

# \_\_\_\_\_ ADDITIONAL FAMILY MEMBERS

NAMES\*

*\*Family members must reside in the same household. Each additional family member must also fill out a separate application.*

## APPLICATION INFORMATION (PLEASE PRINT LEGIBLY):

NAME	DATE OF BIRTH (MM/DD/YY)	/	/
ADDRESS			
CITY	STATE	ZIP	
PHONE	CELL		
EMAIL			
OCCUPATION	EMPLOYER		
BUSINESS ADDRESS		PHONE	
EMERGENCY CONTACT		RELATIONSHIP	
PHONE	ALTERNATE PHONE		

## FOR RECURRING MONTHLY MEMBERSHIPS ONLY:

I, \_\_\_\_\_, authorize C.I. Shooting Sports to charge my credit card \$\_\_\_\_\_ each month for installment payments of my membership dues. I understand this authorization shall remain in effect for one year and **will automatically renew** unless I notify C.I. Shooting Sports in writing of my wish to cancel within 30 days of my renewal date. My monthly credit card or bank statement will serve as my receipt.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ (Member Services)