

Expiration:
New/Renewal



MEMBERSHIP APPLICATION

TYPE OF ANNUAL MEMBERSHIP (SELECT ONE):

- | | |
|--|--|
| <input type="checkbox"/> GENERAL MEMBERSHIP | <i>Circle one:</i> \$399 annually / \$35 monthly |
| <input type="checkbox"/> GENERAL FAMILY MEMBERSHIP | \$499 annually / \$45 monthly |

_____ ADDITIONAL FAMILY MEMBERS NAMES*

- | | |
|---|--|
| <input type="checkbox"/> GUARDIAN MEMBERSHIP | <i>Circle one:</i> \$349 annually / \$31 monthly |
| <input type="checkbox"/> 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*

- | | | |
|---|--------|---|
| <input type="checkbox"/> PLATINUM MEMBERSHIP | \$1200 | <i>Circle one:</i> \$1,200 annually / \$105 monthly |
| <input type="checkbox"/> 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)