



COASTAL PLAIN SHOOTING ACADEMY



MEMBERSHIP APPLICATION

First Name _____ Middle Initial _____ Last Name _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Drivers License State/Number _____ Date of Birth _____

Concealed Permit _____ Permit State/Number _____

Emergency Contact Name _____

Emergency Contact Phone _____ Relationship _____

Membership Level (Circle)

Founders Circle Senior Founders Circle Gold Silver LEO Senior

Spouse Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

I attest that I am of legal age and legally permitted to own and use a firearm. I certify that I am in sufficient physical and mental condition to safely participate in sport shooting at this range. I further confirm that I am not under the influence of alcohol or drugs that may impair my condition.

I acknowledge that I understand the terms of the membership for which I am applying. I have received and reviewed the Membership Rules and Firearms and Ammunition Rules, and I understand the conditions of this membership. I am aware that additional requirements must be met before I am allowed to shoot on the range. The information I have provided is true and correct.

Signature Primary Member

Signature Spouse

Date _____

Date _____