



WORLAND SHOOTING COMPLEX

P. O. Box 894 Worland, WY 82401



NEW
RENEWAL

APPLICATION FOR MEMBERSHIP FOR YEAR ENDING DECEMBER 31, 20_____

FULL NAME (please print) _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ E-MAIL _____

DATE OF BIRTH _____ NRA MEMBER: YES NO

MEMBERSHIP DESIRED: ANNUAL \$35.00 LIFE \$350.00 PAYMENT ENCLOSED: _____

SIGNATURE OF APPLICANT _____ DATE: _____

MEMBERSHIP PAYMENT IS NOW DUE. PLEASE COMPLETE THIS CARD,
AND SEND A SELF-ADDRESSED STAMPED ENVELOPE ALONG WITH YOUR PAYMENT.

THANK YOU FOR YOUR SUPPORT!

WORLAND SHOOTING COMPLEX P. O. Box 894 Worland, WY 82401

Expires December 31, 20_____
This is to certify that

Is a member in good standing at the
WORLAND SHOOTING COMPLEX
P. O. Box 894 Worland, WY 82401
Authorized by: _____

INDEMNIFICATION

In consideration of the use of the **WORLAND SHOOTING COMPLEX** and all privileges associated therewith, Member hereby indemnifies and holds harmless the Worland Shooting Complex and the City of Worland from any and all liability associated with any death, injury, or property damage sustained by Member or any and all Guests and Invitees of Member while using said range facility. Member further agrees to abide by all Safety and Standard Operating Procedures, Rules, Regulations, and By-Laws specified by the Worland Shooting Complex. Current Range Rules can be found on our website at www.worlandshootingcomplex.com.

Signature of Member

Date

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