

**TargetMaster Indoor Shooting Center
Membership Application**

Date: _____ 2021

Last Name: _____

First Name: _____ MI _____

Driver's License # _____ State _____

Phone Number (____)-_____

E-mail Address: _____

Official Use Only: Renewal Date: ___/___/2022 NEW: RENEWAL: AGAIN: FEE: _____

Type of Membership

Circle one: **BLUE** or **GOLD**

Check one: Individual () Family ()

Family Membership ONLY Includes Spouse and **Dependent** Children up to 25

IF FAMILY MEMBERSHIP:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to follow all TargetMaster range rules. Further, I understand discounts are only valid with my membership card present, and that the membership itself is non-refundable.

Signature: _____

Date: _____