

TargetMaster Indoor Shooting Center
Membership Application

Date: _____

Last Name: _____

First Name: _____ MI _____

Driver's License # _____ State _____

Phone Number (____)-_____

E-mail Address: _____

Official Use Only:

Renewal Date: ____ / ____ / ____

NEW:

RENEWAL:

AGAIN:

FEE: _____

Type of Membership

Circle one:

Standard
(1/2 Price Range Fee)

or

Premium
(No Range Fees)

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: _____