



**RANGE MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

**MEMBERSHIP OPTIONS:** (CHECK THE DESIRED OPTION)

YEARLY MEMBERSHIP \$450.00

ANNUAL FAMILY \$750.00   
(ADD UP TO 3 FAMILY MEMBERS WITH SAME  
LAST NAME & ADDRESS)

WEEKDAY ANNUAL \$300.00   
(MONDAY-THURSDAY)

SNOWBIRD \$300.00   
(APRIL 1<sup>ST</sup>- SEPTEMBER 30<sup>TH</sup>)

Form of payment:

Check  Check Number: \_\_\_\_\_

Cash

Debit/Credit

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*IF SELECTING THE FAMILY PACKAGE PLEASE NOTATE ON BACK OF SHEET FAMILY MEMBERS  
WHOM WILL BE UTILIZING THE MEMBERSHIP ALONG WITH FOID CARD INFORMATION\***

FOID CARD