



MEMBERSHIP APPLICATION

BLACK SWAMP RIFLE & PISTOL CLUB P.O. BOX 271 DELPHOS, OH 45833

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ EMAIL: _____

SPOUSE'S NAME: _____

CHILDREN UNDER 18 YEARS OLD, LIST NAMES AND AGES:

What is your primary shooting interests? Rifle Are you an American U.S. Citizen? YES

Are you a Member of the NRA? YES

Are you Lawfully eligible to purchase a registered firearm: YES NO

I attest that the above information is correct and to the best of my knowledge, and acknowledge that I have received and read the Black Swamp Rifle & Pistol Club Range Rules and Responsibilities and hereby agree to abide within them.

MEMBER Signature: _____ DATE: _____

DUES are **\$50.00** Annually by Jan 1st; If paid AFTER April 1st dues will be **\$60.00**. Please enclose check/money order with application, mail to the address given at the top of the form. RENEWALS are due beginning each year in January and the Gate Lock Combination will be changed each March. Your Member name will be on the front of the card with the combination on the back of your member I.D. Card, which is to be on display on your person while using the Gun range.

NEW MEMBER RENEWAL PRESS RELEASE TO HAVE PICTURE USED ON WEBSITE

- CLUB USE ONLY: METHOD OF PAYMENT CHECK/MONEY ORDER CASH

ATTENDED RANGE SAFETY ORIENTATION/INSTRUCTIONAL MEETING