MEMBERSHIP APPLICATION

BLACK SWAMP RIFLE & PISTOL CLUB

P.O. Box 271 | Delphos, Ohio 45833

APPLICANT INFORMATION

Name: _____ **Age:** __

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Spouse Name:** _____

Email: _____

Children under 18 included in family membership (names and ages):

_____

_____

MEMBERSHIP DETAILS

Primary shooting interests: ☐ Rifle ☐ Pistol ☐ Rimfire ☐ Shotgun ☐ Other: _____

U.S. Citizen: ☐ Yes ☐ No **NRA Member:** ☐ Yes ☐ No

Lawfully eligible to purchase and possess a firearm: ☐ Yes ☐ No

Application type: ☐ New Member ☐ Renewal **Photo release:** ☐ Yes ☐ No

I certify that the information provided is true and correct to the best of my knowledge. I acknowledge that I have received and read the Black Swamp Rifle & Pistol Club range rules and responsibilities, and I agree to follow them.

Applicant Signature: _____ **Date:** __

MEMBERSHIP DUES & INSTRUCTIONS

Annual dues: $65 if paid by January 1; $75 after April 1.
Renewals: Due each January. The gate combination is changed in March.
Payment: Enclose a check or money order with this application and mail it to the address above.
Member ID: Keep your card with you while using the range; the gate combination is printed on the back.

CLUB USE ONLY

Method of Payment: ☐ Check / Money Order ☐ Cash **Amount:** ____

Range Safety Orientation / Instructional Meeting: ☐ Completed ☐ Not Completed

Orientation Date: _____ **Processed By:** _____

Membership Card Issued: ☐ Yes ☐ No