



LEE COUNTY GUN RANGE

Application for Membership

Membership Number (*office use only*): _____

Name: _____
LAST Please print legibly FIRST MIDDLE

Birth Date: _____/_____/_____ Gender: Male _____ Female _____

Race: Asian/Pacific Isl. _____ American Indian _____ Black _____ White _____ Hispanic _____

Email Address: _____ Certified Law Enforcement: ___Y ___N

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Driver License: (State) _____ (Number) _____

Employer: _____

Please list any other name(s) you may have been known by. (i.e.: maiden name or had a name change):

Emergency Contact Numbers:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Physician Group:

Name: _____

Phone Number: (____) _____

Do You Have Any Known Allergies? YES _____ NO _____ If yes, please explain below:

You must complete the gun range orientation class taught at our facility to qualify. Contact us for dates and times.

Annual \$25.00 dollar non-refundable membership fee must accompany this application. _____
(for office use only)

I, _____, do hereby testify that the above information is true and correct.
(print name legibly)

If it is found that any information is falsified, I understand that my membership to the Lee County Gun Range will be terminated immediately.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian if Applicant is a Minor _____
(Applicants of age 12-17 need parent/guardian present to use the range. Applicants of age 18-20 need an adult present to purchase ammunition.)



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FOR OFFICE USE ONLY

Application Approved _____ Application Denied _____ Date ____/____/____

Reason Application Denied: _____

Training Division Member Name _____ Member ID # _____
Please Print

Training Division Member Name _____
Signature

Lee County Gun Range Membership Number _____

Date Paid _____

Amount Paid _____

Cash _____ Credit _____ Check # _____

Receipt Number _____

Your Initials _____