

**BOERNE SHOOTING CLUB INC. 33
SHOOTING CLUB ROAD BOERNE, TEXAS**

APPLICATION FOR MEMBERSHIP:

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE: HOME _____ OR CELL: _____ -

EMAIL: _____

ASSOCIATE _____ OR, SHARE HOLDER _____ MEMBERSHIP

DATE OF BIRTH _____/_____/_____

Have you been a previous member of Boerne Shooting Club?

Yes ___/No _____

Which Club Officer Sold Membership? _____

Membership fee \$75.00 Receipt or Check # _____

I acknowledge that I have received and read my membership package and have filled out and turned in the hold harmless agreement.

Applicants Signature: _____ Date: _____