

# NORTH VALLEY SPORTSMAN CLUB MEMBERSHIP APPLICATION

To keep your membership active, dues must be paid before June 1<sup>st</sup> as our membership year runs from June 1<sup>st</sup> through May 31<sup>st</sup> of the following year. \$48 – Primary Member, \$24 – Spouse- All dependents under 21 living with you \$12, \$25 nonparticipation fee

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

NRA MEMBER: NO \_\_\_\_\_ YES \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

\$48.00

ADDITIONAL MEMBERS:

Spouse (voting member) \_\_\_\_\_ \$24.00

Dependent (s) under 21: \_\_\_\_\_

\_\_\_\_\_ \$12.00

MEMBERSHIP DUES: \_\_\_\_\_

PRIMARY MEMBERS WILL BE REQUIRED TO ATTEND AT LEAST ONE MEETING OR WORK PARTY PER YEAR – OR PAY \$25.

PLEASE INCLUDE \$25 IF YOU DO NOT PLAN TO ATTEND. \$25.00

TOTAL ENCLOSED: \_\_\_\_\_

REQUIRED FOR MEMBERSHIP – LICENSE PLATE NUMBERS – LIST ALL THAT MAY BE ON THE RANGE  
PLATE NUMBERS: \_\_\_\_\_

## THE NRA PLEDGE

(Required in By-Laws for NRA Affiliation)

I CERTIFY that I am a citizen of good repute of the United States of America; that I am not a member of any organization or group having as its purpose or one of its purposes the overthrow by force and violence of the government of the USA or any of its political subdivisions; that I have never been convicted of a crime of violence; and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship.

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

THANK YOU FOR YOUR SUPPORT!

MEETINGS: Third Tuesday every month (Sept through May), 7:00 pm @ North Valley Hospital Community Center, 235 Nucleus Av, Columbia Falls

### INSTRUCTIONS:

1. Print this form and fill it out
2. Read range safety rules, then print and sign.
3. Mail membership form, range safety form and payment to:  
NVSC  
PO Box 1894  
Columbia Falls, MT 59912