

MEMBERSHIP APPLICATION



TYPE OF MEMBERSHIP (SELECT ONE):

<input type="checkbox"/>	ACADEMY MEMBERSHIP	\$100 One Time Non-Refundable Initiation Fee, plus \$34.95 per month; \$50 fee per added family member, plus \$20.00 per month
#	ADDITIONAL FAMILY MEMBERSHIPS	NAMES*:
<input type="checkbox"/>	CONSTITUTION MEMBERSHIP	\$2,500 One Time Non-Refundable Initiation Fee, plus \$200.00 per month; \$1,200 fee per added family member, plus \$50.00 per month
#	ADDITIONAL FAMILY MEMBERSHIPS	NAMES*:
<input type="checkbox"/>	LAW ENFORCEMENT/ MILITARY MEMBERSHIP	\$50 Initiation Fee, plus \$29.95 per month; \$50 fee per added family member, plus \$20.00 per month
	LAW ENFORCEMENT/MILITARY INVOLVEMENT (list all):	
#	ADDITIONAL FAMILY MEMBERSHIPS	NAMES*:

* Each additional Family Member must also fill out their own application portion below. Pricing subject to change without notice.

APPLICATION INFORMATION:

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER	CELL NUMBER	
EMAIL ADDRESS		
EMERGENCY CONTACT	PHONE NUMBER	
OCCUPATION	EMPLOYER	
BUSINESS ADDRESS	PHONE NUMBER	
Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently under any court order or state law that prohibits you from possessing a firearm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

+ + + + + THIS PORTION TO BE COMPLETED UPON FIRST VISIT TO COLONIAL SHOOTING ACADEMY + + + + +

All members must complete the required safety briefing prior to using the range. Safety briefing completed:		
DATE:	CCW#:	VERIFIED BY:
I do consent by signing this application to a Criminal History search by the Virginia State Police or will produce a copy of a valid concealed carry permit.		
SIGNATURE OF APPLICANT:	DATE:	
WITNESSED BY:	DATE:	