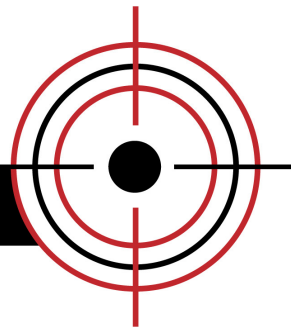


DEAD CENTER INDOOR GUN RANGE



Membership Application

Date: _____

_____ New Membership

_____ Renewal

Member #: _____

Membership Type:

Individual _____ (\$275.00) (\$27.95 per month)

LE/Military _____ (\$200.00) (\$20.95 per month) – must show card/ID

Family _____ (\$350.00) (\$33.95 per month) – all children must be UNDER 21 years old

LE/Military Family _____ (\$275.00) (\$27.95 per month) – must show card/ID

Corporate _____ (1,000.00) (\$87.95 per month) – up to 5 members

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Email _____

Emergency Contact _____ Mobile _____

Additional members (Family Membership level only – all children must be under 21 years of age and live in the same household) – identification required for all members over 18 years of age:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

I hereby confirm that all information provided is true and correct and authorize Dead Center Indoor Gun Range to verify this information, if required. I agree to abide by all rules of Dead Center Indoor Gun Range and recognize that failure to adhere may result in revocation of membership.

Applicant Signature: _____ Date: _____