

**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 OLDER \_\_\_\_\_ MEMBERSHIP

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Have you been a previous member of Boerne Shooting Club?

Yes\_\_\_/No\_\_\_\_\_

Which Club Officer Sold Membership? \_\_\_\_\_

Membership fee \$45.00 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: \_\_\_\_\_