

# COPPER STAR INDOOR SHOOTING RANGE

<b>Pre Opening Memberships</b>			Membership Number:		
Members Name:		Application Date:			
Birth Date:		Start Date:			
Copy of Drivers Lic.	Yes    No	DR Lic No.	Expiration Date:		
Your information will not be sold, traded, leased, given or otherwise passed about. If you do not want us to email you check here. (___)					
<b>Phone Numbers</b>					
Cell		Home	E-mail Address(optional)		
<b>Mailing Address</b>					
Address		City/State		Zip Code	
<b>Membership Type (circle)</b>					
	Yearly Individual (1)	Yearly Couples (2)	Yearly Family (3-5)	Yearly Corporate (Min 6)	Individual Lifetime (1)
Firearms (only)	295.00	345.00	445.00	1025.00	2500.00
Archery (only)	235.00	285.00	385.00	855.00	2000.00
Combo	475.00	575.00	775.00	1799.00	4000.00
<b>AZ Concealed Carry Weapon Permit (if applicable)</b>					
State where permit is registered:					
Permit #:			Expiration Date:		
<b>Certification and Signatures</b>					
<p>I certify that all information herein is true and complete to the best of my knowledge. I authorize verification of this information, and release all concerned from liability in connection therewith. I hereby apply for membership at the Copper Star Indoor Shooting Range and have read and understand the qualifications of membership, range rules, and application fee requirements. I agree to abide by the Copper Star Indoor Shooting Range rules while on premises. Providing false or misleading information in this application form or failure to adhere to the Copper Star Indoor Shooting Range Rules shall be grounds for denial of membership or expulsion from the Copper Star Indoor Shooting Range.</p>					
Applicant's Signature:			Date:		
Issuing Authority's:			Date:		