

West Houston Shooters Club Membership Form

Membership is \$60 (Insurance included)
Reduced Member match fees will be \$15 for IDPA and \$20 for 3-Gun

CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

In the unlikely event that you were to require aid during the course of a club event, are there any physical or medical conditions that the club should be aware of to ensure you receive the appropriate care?

YES / NO -- If yes, please explain:

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Annual membership fees will not be prorated. Annual membership fees are due with this form and will be for the 2015 calendar year only.

"I, _____, certify that I am legally able to possess a firearm in the state of Texas, and that all of the information provided on this application is true and correct.

Signed: _____

Date: _____