

STRAIGHT SHOOTERS INDOOR RANGE INC.

MEMBERSHIP APPLICATION

Name: _____ Date of Birth: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

PAL #: _____ PAL Expiry: _____ PAL Type: _____

Renewal (Circle One): YES / NO

Type of Membership:

_____ **Anytime Membership- This membership allows you unlimited use of the range anytime that we are open. Retail value- \$600.00**

_____ **Add Family – Receive an additional access card for a family member permitting that the individual is a PAL holder. Retail value- Primary membership + \$240.00**

_____ **Anytime Monthly Membership- This membership allows you unlimited use of the range anytime that we are open with the convenience of monthly payments. Retail value- \$54.00 monthly**

_____ **Add Family – Receive an additional access card for a family member permitting that the individual is a PAL holder. Retail value- Primary membership + \$26.00**

_____ **Weekday Membership- This membership allows you unlimited use of the range on weekdays from Opening-4pm. Retail value- \$400.00**

_____ **Add Family – Receive an additional access card for a family member permitting that the individual is a PAL holder. Retail value- Primary membership + \$160.00**

_____ **Weekday Monthly Memberships- This membership allows you unlimited use of the range on weekdays from Opening-4pm. Retail value- \$38.00 monthly**

_____ **Add Family – Receive an additional access card for a family member permitting that the individual is a PAL holder. Retail value- Primary membership + \$16.00**

_____ **Affiliate Memberships- This membership meets the RCMP requirements. Retail value- \$70.00**

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Family Add-On Information:

(only applicable for family add-on memberships)

Name: _____ Date of Birth: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

Licensed/ Un-Licensed (Circle One)

PAL #: _____ PAL Expiry: _____ PAL Type: _____

Access Card: _____

I hereby acknowledge that the information I have provided is true and accurate to the best of my knowledge. I have read and agreed to follow all regulations and policies of Straight Shooters Indoor Range Inc. I understand that failing to follow the regulations and policies could result in my membership being revoked and shooting privileges being cancelled. I acknowledge and understand that my membership can be terminated after 72 hours if my monthly credit card payment is declined. I understand that an individual added under a primary membership can only be granted an access card if the individual is a PAL holder. I acknowledge that the individuals under a primary membership with the family add-on are entitled to the use 1 shooting lane while at the facility even if both members under the membership are present. I understand that access cards can't be used by anyone other than who the card is intended for. Lending out access cards can result in the membership being revoked and shooting privileges being cancelled.

Signature: _____ Date: _____

Membership #: _____

Approved by: _____

