

# Strong Point Shooting Complex Membership Application

**Applicant Information:**

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Driver's License Info	Georgia Firearms License Info
License #	License #:
State:	County registered: <span style="float: right;">State:</span>
Expiration:	Expiration:
Address same as above? Yes No	Address same as above? Yes No
Notes:	

**Membership Information:**

- \_\_\_\_ Individual
- \_\_\_\_ Family
- \_\_\_\_ Individual Active Duty /Law Enforcement
- \_\_\_\_ Family Active Duty/Law Enforcement
- (Annual) \_\_\_\_ (Monthly) \_\_\_\_ (6 Month) \_\_\_\_

MasterCard   
  Visa   
  Am. Express   
  Discover Card

#: \_\_\_\_\_

Security code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please print name: \_\_\_\_\_

**Memberships will automatically renew for another one year term unless member notifies the range management in writing 30 days prior to expiration of intent not to renew.**

By signing this form you give us permission to charge your account for the amount indicated on or after the indicated date:  
 I \_\_\_\_\_ authorize **Strong Point Shooting Complex** to charge  
 \$ \_\_\_\_\_ **ANNUALLY** to the card above    **or**    \$ \_\_\_\_\_ **MONTHLY** to the card above

Billing Address: \_\_\_\_\_

**I understand that I am responsible for payment in full of the agreed upon membership term and personally guarantee payment.**

Signature/Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize STRONG POINT SHOOTING COMPLEX to charge the card indicated on this authorization form according to the terms outlined above. The payment authorization is for the description of services as listed above only, and is valid for one time use only if authorized for one time use only. I certify that I am an authorized user of this card and that I will not dispute the payment with my financial institution or credit card company; so long as the transaction corresponds to the terms as indicated in this form. My recurring fee will be charged monthly for my annual membership at the STRONG POINT SHOOTING COMPLEX.. I understand that this does not grant permission to charge my card. unless state above for any additional services unless states in description of services listed above.

**Additional family members:**

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Info	Georgia Firearms License Info
License #	License #:
State:	County registered: State:
Expiration:	Expiration:
Address same as above? Yes No	Address same as above? Yes No
Notes:	Signature:

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Info	Georgia Firearms License Info
License #	License #:
State:	County registered: State:
Expiration:	Expiration:
Address same as above? Yes No	Address same as above? Yes No
Notes:	Signature:

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Info	Georgia Firearms License Info
License #	License #:
State:	County registered: State:
Expiration:	Expiration:
Address same as above? Yes No	Address same as above? Yes No
Notes:	Signature:

All signatures on this document certify that all herein information is true and complete to the best of my knowledge and belief. I authorize verification of this information, and release all concerned from any liability in connection therewith. I hereby apply for membership at STRONG POINT SHOOTING COMPLEX and have read and understand the qualifications of membership, application fees, and dues requirements. I agree to abide by STRONG POINT SHOOTING COMPLEX rules, adhere to its code of ethics, and to promote its objectives. Providing false or misleading information in the form or failure to follow STRONG POINT SHOOTING COMPLEX code of ethics shall be grounds for denial of membership or expulsion from STRONG POINT SHOOTING COMPLEX whenever discovered.