

**FORT COLVILLE GUN CLUB**  
2017 Membership Application

Name: \_\_\_\_\_ New ( ) Renewal ( ) Date: \_\_\_\_\_

Additional Applicants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email (please print clearly): \_\_\_\_\_

**Membership Schedule: The first two adult members of a household pay \$50.00 each.**  
**Each additional adult member: \$25.00**  
**Junior memberships (under 18 yrs.): \$20.00**

Amount Paid: \$ \_\_\_\_\_ Youth Program Donation \$ \_\_\_\_\_ TOTAL ENCLOSED \$ \_\_\_\_\_

Please mail completed application and dues to:  
Fort Colville Gun Club  
New Memberships  
PO Box 123  
Colville, WA 99114  
[www.fortcolvillegunclub.com](http://www.fortcolvillegunclub.com)

I agree to abide by all rules, regulations and policies associated with all facilities and activities owned and sponsored by the Fort Colville Gun Club. I also understand that my membership may be revoked should I be found guilty of not abiding by club rules, regulations and policies.

I further certify that if this application includes junior members under the age of 18, that I am their Legal parent or guardian and qualified to assume legal and medical responsibility for them. I hereby Assume full legal responsibility for their actions, and agree to hold harmless the Fort Colville Gun Club. In the event the minors require medical care, I authorize the Fort Colville gun Club to provide appropriate Medical care.

If member is under 18 years of age, a parent or guardian signature is also required.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Applicant

\_\_\_\_\_  
Additional Applicant

\_\_\_\_\_  
Additional Applicant