

**LONE WOLF SHOOTERS, LLC.  
MEMBERSHIP APPLICATION  
2006/2007**

Alias: \_\_\_\_\_ SASS: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse or Child: \_\_\_\_\_

Alias: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No. (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ NRA# \_\_\_\_\_ Do you have firearms experience?    Y    N

Annual Due First Member \$25 Family Member \$35 (Spouse and Under 21 Family Members)

Membership is from November 1<sup>st</sup> to October 31 of each year. There is no prorating.

Check Payable: Lone Wolf Shooters, 5801 S. Homestead, Pahrump, NV 89048

Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_ Additional Waiver Form Signed: \_\_\_\_\_

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I promise to follow all rules of the Lone Wolf Shooters, LLC especially those concerning Safety and Conduct while on a Gun Range. I acknowledge that shooting has the potential to be dangerous and a serious accident could occur. I will assume all responsibility for my actions and those of any minors or guests that I bring to the Range. I agree that I will not hold the Lone Wolf Shooters, Land Owners, or Lease Holders, Sponsors, (or) any officials, officers, employees, or servants of such, responsible for any injuries as a result of my participation in any of this organizations activities.

**Signature of Applicant**

\_\_\_\_\_  
Date: \_\_\_\_\_

**Signature of Parent or Guardian**

\_\_\_\_\_  
Date: \_\_\_\_\_

(If applicant is under 21)

**Thank you for your support of the Lone Wolf Shooters, LLC.**