Membership #:	RODEGUN	Date:	
	OLUB G		

## **Membership Application**

Active Duty:		Retired Military	100% D	isabled (Must show proof)	
Civilian		Law Enforcement		DOD Civilian	
Membership Type: (Ple	as circle one)				
6 Months Single	1 Year Single	6 Months Family	1 Year Family	9 Months CSM Academy	
The family membersh	ip includes a spo	use or significate other a	and children up to	the age of 18 (21 if in college)	
Primary Member Name	<b>:</b>				
Secondary Member Na	<b>me:</b> (If applying fo	or family membership):			
				:Zip Code:	
Email:		Phone:		·	
Commander.  ALL USERS OF RANGE FA	ACILITIES MUST AE	OHERE TO THE FOLLOWI		e your patronage. –Installation	
1. IF YOU WITNESS AN'  A. Cease fire imm		CONDITION:			
B. Push the emer	gency shutdown sw	itch located on your range			
C. Notify the safe	ty officer and follow	any instructions given by	the safety officer.		
WHENEVER THE EMERGE		CTIVATED:			
	nediately. uctions given by the nge safety officer to	-			
In consideration of my us	e of the Fort Bliss R	od & Gun Club facilities a	nd instrumentalities	, to include, the clubhouse,	
beverages, the shooting r	anges, rented weap	ons, ammunition and rel	pading equipment, I	hereby state, for myself, my hei	ſS,
·				l all rights and claims for loss or	
damages which may have		_		· ·	
	•	•		miliar with and qualified to use t	he
risk. I have read and unde				s and instrumentalities is at my ions.	
Member Signature:		Spouse S	ignature:		