SOUTHERN SHOOTING CENTER LLC 979 Hwy 3185 Lot 199 Thibodaux, LA. 70301 985 - 448-1147

703 - 440-114/

membership@southernshootingcenter.com

Membership #_____ Renewal Date _____

Membership Application

(PRINT	ONLY)
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Name				
Address				
CITY	STATE	ZIP		
DATE OF BIRTH	AGE	E SPOUSE'S	S NAME	
FAMILY MEMBERS NA	ME	AGE _	NAME	AGE
NAME	AGE	NAME	AGE	
HOME PHONE	WC	DRK	CELL	
EMPLOYER				
DRIVERS LICENSE IN	FO: STATE _	#		
E-MAIL ADDRESS				
X" THOSE YOU PREFE	RPIS	STOLRIFLE	BOW5-M	AN SKEET
ARE YOU PRESENTLY	A MEMBER	OF THE NATIONA	L RIFLE ASSOCIA	TION? IF YES, WHEN
DOES THE MEMBERSH	IIP EXPIRE	?		-

ID# _____

***If you renew 30 days or more AFTER your expiration date, you will be required to pay an additional \$25.00 re-registration fee. No Exceptions.

I HEREBY CERTIFY THAT I HAVE READ THE SOUTHERN SHOOTING CENTER LLC RULES ON AND AGREE TO ABIDE BY ALL REGULATIONS IF GRANTED CLUB MEMBERSHIP

I ALSO CERTIFY THAT I AM UNDER NO LEGAL RESTRAINT(S) THAT WOULD PREVENT MY USING OR POSSESSING FIREARMS FOR SPORTING PURPOSES. I AFFIRM THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE	SIC	INATURE

MAKE CHECK PAYABLE TO: **SOUTHERN SHOOTING CENTER** MEMBERSHIP DUES: \$ 225.00 PER YEAR (3% ADDED FOR VISA / MASTER CARD PAYMENT)

CK # _____ CASH _____ CREDIT CARD PMT_____