MEMBERSHIP APPLICATION

Big Sky Practical Shooting Club (BSPSC)
P.O. Box 2843
Missoula, MT 59806

First Name: _____ **MI:** ____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Membership Type: _____ **New** □ **Renewal** □ **If Renewal, BSPSC Number:** _____

Amount Enclosed: _____ **[See below for fee schedule. Make checks payable to "BSPSC"]**

Please check:

U.S. Practical Shooting Association member: Yes ☐ No ☐ USPSA Number: _____

Range Officer Certification: None ☐ Range Officer ☐ Chief Range Officer ☐ Range Master ☐

Multigun Endorsement: Yes ☐ No ☐

Steel Challenge Endorsement: Yes ☐ No ☐

Western Montana Fish & Game Association member: Yes ☐ No ☐

I state that I am at least 18 years of age or older*. I agree to: conduct myself in full compliance with all State and Federal laws, rules of the facilities used by BSPSC, as well as all BSPSC bylaws, procedures, standing rules, and safety rules for the term of my membership. I agree to assume full responsibility for all of my actions and those of my family members and guests when using the Deer Creek Shooting Center; and release BSPSC of any and all liability for any damage or injury arising or alleged to have arisen from use of the Deer Creek Shooting Center. I further agree that any infraction of said rules and regulations is grounds for termination of membership and forfeiture of any and all dues paid.

Signed: _____**Date:** _____

*For those 17 years of age or younger, adult sponsorship is required. See below.

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Membership year is April 1st to March 31st.

Membership Types and Fees:

Individual (Annual)	$50.00	Individual (Life)	$500.00
Family (Annual)	$75.00	Family (Life)	$750.00
Law Enforcement Officer (Annual)	$25.00	Law Enforcement Officer (Life)	$250.00

Additional donation to support BSPSC Junior Shooter Program $5.00

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Only complete this section if you are purchasing a Family Membership OR if you are seventeen (17) years of age or younger and purchasing an Individual Membership. Please list spouse and all family members (18 years of age and under living at the same address) to be included in Family Membership OR name of adult sponsor.

Name **Relationship** **Age**

_____

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