

Key Number: _____



Membership Application

for

Northern Mississippi Range Association Inc.

P.O. Box 215

6683 140th St NW

Cass Lake, Minnesota 56633

Effective Dates: January 1, 2024 – December 31, 2024

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____

Zip Code: _____

Phone Number: (____) - ____ - _____

Email: _____

Membership Type:

____ Non-NRA Member Family \$60.00 (Yearly) (CC +\$5)

____ NRA member-Family \$50.00 (Yearly) (CC +\$5)

____ Life Membership \$270.00 (CC +\$10)

____ Corporate Membership \$125.00 (Yearly) (CC +\$5)

I DO HEREBY WAIVE ANY AND ALL CLAIMS FOR DAMAGES AGAINST THE NORTHERN MISSISSIPPI RANGE ASSN.INC., ITS MEMBERS AND/OR BOARD OF DIRECTORS ARISING FROM THE PARTICIPATION IN ANY ASSOC. ACTIVITY OR USE OF THE RANGE.

I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THE RULES AND REGULATIONS OF THE NORTHERN MISSISSIPPI RANGE ASSOCIATION, INC. ORGRAIZATION.

I UNDERSTAND THAT MY MEMBERSHIP MAY BE CANCELLED WITHOUT REFUND SHOULD I BREACH THE RULES OF THE ORGANIZATION.

I CERTIFY THAT I HAVE NEVER BEEN CONVICTED OF A CRIME OF VIOLENCE OR OF A FELONY, NOR AM I CURENTLY UNDER INICTMENT FOR EITHER.

I CERTIFY THAT I HAVE NEVER BEEN COMMITTED TO A MENTAL HOSPITAL.

I CERTIFY THAT I AM NOT A MEMBER OF ANY ORGANIZATION OR GROUP WHOSE PURPOSE OR INTENT IS TO SUBVERT THE CONSITUTION OF THE UNITED STATES BY FORCE OR VIOLENCE.

I CERTIFY THAT I HAVE NO INTENTION OF UNLAWFULLY USING A FIREARM.

Sign: _____ **Date:** _____

Present this application in person at a regular monthly meeting (2nd Wed.) or other designated time and you will be issued your not-to-be Duplicated numbered key to the range gate.