



OC Indoor Shooting Range ***Membership Application***

Select Membership Level :

30 Day

Full Privilege

Law Enforcement

Military

Junior

Select Membership Type :

Single

Family

**Please
Print
Clearly**

Member Information :

Full Name: _____

Address : _____ APT # : _____

City : _____ State : _____ Zip : _____

E-Mail : _____

Employer : _____

CDL # : _____ Expires : _____ D.O.B. _____

Home Ph # : _____ Work Ph # : _____

Family Information :

Spouse : _____

Child : _____ Child : _____

Children must be under 18 years of age. Please list children's ages next to their name.

Signature : _____ Date : _____

Range Use Only :

New

Renewal

Membership # : _____

Amount : _____ Expiration : _____

Range Officer : _____ Date : _____