

BURRO CANYON SHOOTING PARK

MEMBERSHIP APPLICATION

Date: _____

Member # (Office Use Only) _____

Last name First name MI

Street Address City Zip

Telephone E-Mail

Please Check if you belong to any of these organizations: GOC CRPA NRA

What interests do you have ? - Check ALL that Apply

- | | |
|--|---|
| <input type="checkbox"/> Black Powder | <input type="checkbox"/> Cowboy Action |
| <input type="checkbox"/> Civilian Marksmanship | <input type="checkbox"/> IDPA |
| <input type="checkbox"/> IPSC | <input type="checkbox"/> PPC |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Informal Rifle Competition |
| <input type="checkbox"/> Informal Pistol Competition | <input type="checkbox"/> Shooting Classes |
| <input type="checkbox"/> Sporting Clays | <input type="checkbox"/> Trap and Skeet |
| <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Reloading |
| <input type="checkbox"/> Plinking | <input type="checkbox"/> Long Distance Rifle |
| <input type="checkbox"/> Other _____ | |

Improvements you would like to see at Burro Canyon

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Better Restrooms |
| <input type="checkbox"/> Other _____ | |

Please make checks payable to: Burro Canyon Shooting Park and mail to P.O. Box 641, Azusa, CA 91702-0641. If you wish to pay by credit card you may FAX this form to (626) 963-0817. Please do not send any c/c info through the mail.

Credit Card# _____ Exp Date _____ Billing Zip _____

Signature: _____

Please Check if this is a RENEWAL