



Big Sky Practical Shooting Club (BSPSC)

P.O. Box 2843

Missoula, MT 59806

MEMBERSHIP APPLICATION INSTRUCTIONS

Thank you for your interest in the Big Sky Practical Shooting Club!

This application form was created with Adobe Acrobat, and can be filled out using the Adobe Acrobat Reader. If your system does not have the Acrobat Reader, you can download it free here: [Acrobat Reader](#).

After you have completed the application, you can print a copy by selecting the **Print Form** button in the upper left corner of the page. You can send the signed, printed copy and a check for your membership to the address above.

Please use the section below your signature to add information for family memberships, including partners and sponsored members under 18. We will issue a membership card to each person listed over the age of 16.



MEMBERSHIP APPLICATION

First Name: _____ MI: _____ Last Name: _____

Phone: _____ Email: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip Code _____

This application is for: New Membership or Renewal If Renewal, BSPSC Number: _____

Renewal Type: _____ Member Type: _____ Law Enforcement? Yes No

Membership year is April 1st to March 31st.

Membership Fees (make checks payable to "BSPSC"):

Annual	Individual	\$40.00	LE Individual	\$20.00
Annual	Family	\$60.00		
Life	Individual	\$400.00	LE Individual	\$200.00
Life	Family	\$600.00		

Additional donation to support BSPSC Junior Shooter Program.....\$5.00

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 (for those 17 years of age or younger, adult sponsorship is required). I agree to: conduct myself in full compliance with all State and Federal laws, rules of 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 my actions and those of my family members and guests when using the Deer Creek Shooting Center (DCSC); and release BSPSC from any and all liability for any damage or injury arising or alleged to have arisen from use of the DCSC. 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: _____ Amount Enclosed: _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____