



**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 1<sup>st</sup> to March 31<sup>st</sup>.**

**Membership Types and Fees:**

Individual (Annual).....	\$40.00	Individual (Life).....	\$400.00
Family (Annual).....	\$60.00	Family (Life) .....	\$600.00
Law Enforcement Officer (Annual) .....	\$20.00	Law Enforcement (Life).....	\$200.00

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.**

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
_____		
_____		
_____		