



Membership Application – Welcome!

Dues are \$125 yearly
Your membership will expire a year after the day you join

*** PLEASE PRINT CLEARLY ***

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

*** To receive the newsletter you must provide your email address - used for club purposes only ***

Home Phone: (____) _____ Mobile Phone: (____) _____

Occupation / Business: _____

Please list additional shooting family members below. (Spouse and children 18 yrs and under only)

Name/Spouse: _____

Name/Child: _____ Age: _____

Name/Child: _____ Age: _____

Name/Child: _____ Age: _____

Name/Child: _____ Age: _____

"I understand as a member of the Salem Trap and Skeet Club that other shooting members and I must abide by the Salem Trap & Skeet Club Articles of Incorporation, By-laws and all rules and safety precautions set forth by Mid-Valley Clays & Shooting School."

Signature: _____ [] New Member

Date: _____ [] Renewal

Return your membership form along with your \$125.00 check made payable to: Mid-Valley Clays & Shooting School

Mid-Valley Clays & Shooting School
PO Box 9097, Brooks, OR 97305
(503) 792-3431

For Office Use Only:

Please pickup your Guest Passes at the clubhouse!

Received date: _____

Received by: _____

Guest Pass eligible? Yes No

Guest Passes received: _____

Membership Dues	\$ _____
Paid by: [<input type="checkbox"/>] Cash [<input type="checkbox"/>] Check [<input type="checkbox"/>] Other	

New Expiration Date: ____ / ____ / ____