



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Driver's License: _____ DOB: _____

Do you Possess a New Jersey Firearms ID Card? Y / N If so, Firearms ID Number: _____

Yearly Memberships

Single

Pistol only - \$250
Rifle only - \$250
Pistol and Rifle - \$325

Family*

Pistol only - \$350
Rifle only - \$350
Pistol and Rifle - \$425

Law Enforcement Officers | Active Military Personnel****Single**

Pistol only - \$200
Rifle only - \$200
Pistol and Rifle - \$275

Family*

Pistol only - \$250
Rifle only - \$250
Pistol and Rifle - \$325

Retired Law Enforcement Officers | Veterans****Single**

Pistol only - \$175
Rifle only - \$175
Pistol and Rifle - \$250

Family*

Pistol only - \$225
Rifle only - \$225
Pistol and Rifle - \$300

*Family Rates apply to those with children under the age of 18. See reverse side.

**Proper Identification Required.

Sales tax not included.

Pursuant to all the laws in the State of New Jersey and the United States of America, I certify that I am legally able to possess, own and handle a firearm. I certify that I have never been the subject of criminal or any other proceeding that prevents me from presently possessing, owning or handling a firearm. I have read, understand and agree to abide by the Range Rules listed within this application and as posted by Range 129; further, I agree to abide by all verbal instruction and direction given by management and range master personnel of Range 129.

I certify that all information given on this application is true and correct to the best of my knowledge.

Membership will be granted, and may be revoked, at any time at the sole discretion of Range 129 with or without cause.

Signature of Applicant: _____ Date: _____



Spouse:

Name: _____ ID Number: _____

Address: _____

Phone Number: _____ Email: _____

Driver's License: _____ DOB: _____

Do you Possess a New Jersey Firearms ID Card? Y / N If so, Firearms ID Number: _____

Children:

Name: _____

ID Number: _____ DOB: _____

Name: _____

ID Number: _____ DOB: _____

Name: _____

ID Number: _____ DOB: _____