



PRACTICAL TACTICAL PLUS, LLC

APPLICATION FOR MEMBERSHIP

PLEASE PRINT LEGIBLY:

1. FULL NAME: _____
2. DATE OF BIRTH: _____
3. PHONE NUMBER: _____
4. ADDRESS: _____
5. CITY: _____
6. STATE AND ZIP CODE: _____
7. BUSINESS OR OCCUPATION: _____
8. NRA MEMBER NUMBER: _____
9. E-MAIL: _____

I hereby apply for the right to use firearm facilities (“participation membership”) owned and operated by Practical Tactical Plus, LLC (hereinafter “PTP”). I acknowledge that my participation membership does not grant me any ownership interest in PTP. I certify that I am a person of good repute and that I have never been convicted of any felony or other crime of violence. I have read, understand and signed the attached MEMBERSHIP APPLICATION AGREEMENT. I understand that this application is conditional and will be reviewed by the Managing Member of PTP for approval prior to issuance of credentials. If I am admitted to participation membership, I will fulfill the obligations of good citizenship and good sportsmanship. I understand that this application is for me only. I understand that failure to comply with any of the policies and/or rules of PTP may result in the termination of my participation membership.

SIGNATURE: _____

DATE: _____

ANNUAL FEE DUE UPON APPLICATION: _____

PRACTICAL
TACTICAL PLUS_{LLC}

