



P.O. Box 3363  
Jackson, TN 38303-3363

Type of Membership Desired:

\_\_\_\_\_ Annual Regular Membership (\$150.00/yr)

\_\_\_\_\_ Life Membership (\$1,000.00)

Type of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_

Application Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Membership Dues: \$ \_\_\_\_\_ .00

Received by: \_\_\_\_\_

\*\*\*\*\*

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email : \_\_\_\_\_ (Optional)

Our primary communication is by Email. If you do not give an Email address, you may not receive important info from the range, such as range meetings, renewals, special events, etc. Email addresses are not shared outside of the range.

\*NRA membership is NOT required for TSF membership. If you are an NRA member, we thank you for supporting them, but it is not required. (If you would like assistance in joining the NRA, contact our club NRA recruiter, Butch Browning, at (731) 783-9983 or (731) 693-5510.

\*Optional NRA Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Are you a U.S. citizen? ..... Yes \_\_\_ No \_\_\_

Have you been discharged from the Armed Forces under **dishonorable** conditions? ..... Yes \_\_\_ No \_\_\_

Are you a fugitive from justice? ..... Yes \_\_\_ No \_\_\_

Have you been convicted of any felony or a misdemeanor domestic violence crime? ..... Yes \_\_\_ No \_\_\_

Are you an unlawful user of, or addicted to, marijuana, any depressant, stimulant, or narcotic? Yes \_\_\_ No \_\_\_

Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? ..... Yes \_\_\_ No \_\_\_

Have you ever been (court or board) adjudicated mentally defective or ever been committed to a mental institution? ..... Yes \_\_\_ No \_\_\_

Are you a member of any organization or group which has a purpose to overthrow the U.S. government or any political subdivision by force or violence? ..... Yes \_\_\_ No \_\_\_

I will abide by all TSF rules and requirements. I understand that violating TSF rules or safety standards may be cause for discipline or membership termination..... Yes \_\_\_ No \_\_\_

I certify that the above information is true and correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

A PHOTOCOPY OF DRIVERS LICENSE OR MILITARY/STATE ID IS REQUIRED WITH THIS FORM.  
THIS INFORMATION WILL NOT BE SHARED WITH THIRD PARTIES.  
**THIS IS FOR MEMBERSHIP THOUGH JULY 31, 2022.**