



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

Type of Membership Desired:

_____ **PARTIAL-YEAR** Membership (\$75.00)

_____ Life Membership (\$1,000.00)

Type of Payment: Cash _____ Check _____

Application Date: _____ / _____ / 20_____

Membership Dues: \$ _____ .00

Received by: _____

PARTIAL-YEAR MEMBERSHIP IS UNTIL THE END OF JUNE 2019. NRA MEMBERSHIP NOT REQUIRED.

NAME: Last _____ First _____ Middle _____

Date of Birth: _____ / _____ / _____

Residence Address: _____

City: _____ State: _____ Zip: _____ - _____

Mailing Address (if different): _____

Home Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____

Email : _____ (Optional)

An Email address is for receiving TSF communications, ie, club notices, occasional "For Sale" offers by members, range directory, interactive use by member-to-member. Member 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_____

MAIL THIS FORM WITH A CHECK (PAYABLE TO TENNESSEE SPORTS FOUNDATION) AND A PHOTOCOPY OF YOUR DRIVER'S LICENSE/STATE/MILITARY ID TO THE ADDRESS AT THE TOP OF THIS FORM.