



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

Type of Membership Desired:

_____ Annual Regular Membership (\$150.00/yr)

_____ Life Membership (\$1,000.00)

Payment Enclosed: Cash _____ Check _____

Application Date: _____ / _____ / 2023

Membership Dues: \$ _____ .00

Received by: _____

For TSF Membership - to July 31, 2024

Instructions for New Members:

Thank you for your interest in TSF!

- 1) Please print and complete this renewal form. Include an **email address** to receive TSF communications.
 - A **photocopy** of your **driver's license or military/state ID** is required with this form. This information will not be shared with third parties.
- 2) Please read and initial the disclosures on page 2 of this form before returning it. These address the required a) **safety video** and b) annual **volunteer hours**.
- 3) Please mail the completed form to Tennessee Sports Foundation, using the P.O. box listed above. Checks should be made out to *Tennessee Sports Foundation*.
- 4) Please allow approximately two weeks for processing. You will be contacted for a **new member orientation**. Please direct questions to tnsportsweb@gmail.com

New Member Information:

Name: Last _____ First _____ Middle _____

Date of Birth: _____ / _____ / _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ - _____

Mailing Address (if different):

Home Phone: (____) _____ - _____

Alt. Phone: (____) _____ - _____

Email* : _____ (*important)

*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 with third parties.



*Optional NRA Number: _____ Expiration Date: ____ / ____ / 20 ____
NRA LIFE MEMBER:

*NRA membership is NOT required for TSF membership. It is not required to list the NRA information if you are a member, but if you do, you may do so proudly, and with our gratitude. If you would like assistance in joining the NRA, contact our club NRA recruiters:

Mike Webb (901) 382-4789 / Butch Browning, at (731) 783-9983 or (731) 693-5510.

- 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.

Disclosures:

(initial here) I certify that I have seen and understood the TSF **member and safety guidelines** as expressed in the *2023 Orientation and Safety* video (available on TSF website).

(initial here) I understand that TSF Membership requires **ten (10) hours of volunteer service** annually, to be completed by July 31, 2024.

(initial here) I understand that a photocopy of driver's license or military / state ID is required with this form.

Signature: _____ Date: ____ / ____ / 2023

Instructions for this form:

Thank you for your interest in becoming a TSF member!

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