



APPLICATION FOR MEMBERSHIP

NEW MEMBER RENEWAL I. D. NO.: _____ DATE: _____ VALID UNTIL: _____ O.R. NO: _____

Name: _____

FAMILY FIRST MIDDLE

Birthdate: _____ Age: _____ Blood Type: _____ Birthplace: _____

Residence Address: _____

Area Code: _____

Telephone NO.: _____ Cellphone NO.: _____ Fax NO.: _____

E-mail Address: _____

Occupation: _____

Company: _____

Address: _____

Telephone NO.: _____ Cellphone NO.: _____ Fax NO.: _____

E-mail Address: _____

Spouse's Name: _____ Occupation: _____

Name of Children: _____

In case of emergency, please notify: _____

Address: _____

Telephone NO.: _____ Cellphone NO.: _____

FIREARMS

KIND	MAKE	CALIBER	SERIAL NR.	LICENSE NR.	EXP. DATE	PTCFOR	EXP. DATE	PTT	EXP. DATE

REQUIREMENTS: Attach 1 copy each of 1x1 and 2x2 colored pictures and the authenticated photocopies of firearm license, PTCFOR and PTT to this application form.

WAIVER:

In connection with the application for membership, it is understood that I shall not hold the ARMSCOR SHOOTING RANGES, INC. and the TEAM ARMSCOR SHOOTING & HUNTING CLUB, INC. liable for any criminal and/ or civil liability out of any injury, damages, loss of life and property I may incur while inside the ASRI premises.

NOTE :

All TASHCI members are entitled free entry for one (1) guest and immediate members of the family to the first degree of consanguinity as indicated in the membership form. (Subj. to proper identification)

The management reserves the right to deny any person the use of ASRI facilities and / or the termination of membership with the gun club as its prerogative, for any unsafe acts or conduct unacceptable to the shooting sport.

Signature Over Printed Name

Endorsed by

Approved by:

MAJ. JOSE T. TULIAO, JR. (RET.)
Club President