



Membership Application – Welcome!

Dues are \$95 yearly

Your membership will expire a year after the day you join

*** PLEASE PRINT CLEARLY ***

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

*** To receive the newsletter you must provide your email address - used for club purposes only ***

Home Phone: () _____ Mobile Phone: () _____

Occupation / Business: _____

Please list additional shooting family members below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

"I understand as a member of the Salem Trap and Skeet Club that my guests, other shooting members and I must abide by the Club's Articles of Incorporation, By-laws and all rules and safety precautions set forth by Mid-Valley Clays & Shooting School."

Signature: _____ [] New Member

Date: _____ [] Renewal

Return your membership form along
with your \$95.00 check made payable
to: Mid-Valley Clays & Shooting School

Please pick up your membership card
at the Pro Shop!

For Office Use Only:

Mid-Valley Clays & Shooting School
PO Box 9097
Brooks, OR 97305
(503) 792-3431

Received Date: _____

Received By: _____

Membership Dues \$ _____

Paid by [] Cash [] Check Total \$ _____