

Membership Application and Agreement Choose membership level:

<i>Please provide the following information (please print legibly):</i>			
<i>Member: Last:</i>		<i>First:</i>	<i>Middle</i>
<i>Full Address:</i>			
<i>Telephone Number:</i>	<i>Home:</i>	<i>Work:</i>	<i>Cell:</i>
<i>Email Address:</i>			<i>DOB:</i>
	<i>How did you hear about us?</i>		
<i>Emergency Contact:</i>	<i>Name:</i>	<i>Telephone:</i>	
<i>Membership Fee Payment</i> $\$$ [~] <i>c</i>			

Membership in On Target Sports LLC ("OTS") will be available only to persons who are legally able to possess a firearm. OTS Members must be in compliance with all federal, state and local laws concerning ownership and the handling of firearms.

I certify as follows: (1) that I am not and have never been the subject of a criminal or any other proceeding that prevents me from legally owning, handling or possessing firearms under Florida or Federal law; (2) that I can lawfully own, handle and possess a firearm; and, (3) that all information given in this Application is true and correct to the best of my knowledge.

By signing this Application and Agreement, I acknowledge that I have received, read, understood, and I now agree to comply with, the Terms and Conditions, the OTS Release, Waiver of Liability, Assumption of Risk and Indemnity Agreement and the OTS Rules which are all incorporated into this Application and Agreement by Reference.

I further acknowledge that signature by an authorized agent of OTS is required in order to confer benefits of membership.

 MEMBER'S SIGNATURE

 DATE

FOR OTS USE ONLY:

Terms & Conditions Signed:	Initial Fee Received:	Amount:
OTS Safety Standards and Range Rules Delivered, Read, & Signed:		
OTS Release, Waiver of Liability, Assumption of Risk and Indemnity Agreement Delivered, Read, & Signed:		
Payment Authorization Signed & Received:		
Printed Name of Authorized OTS Agent:		
Signature of Authorized OTS Agent		
OTS Account#:		

OTS Membership Terms and Conditions

1. OTS is a private business which is wholly owned by On Target Sports LLC. Acceptance for membership in OTS does not confer on the holder any membership, rights, or ownership interest in On Target Sports, LLC. OTS facilities are available for use by all OTS Members, guests of Members, private citizen groups and by the general public. OTS' Memberships are available to provide preferred access, discounts for merchandise, services and facility use, and other benefits to OTS Members. OTS Membership is subject to the Membership

Terms and Conditions stated herein. Membership will be granted, and may be revoked, at the sole discretion of OTS.

2. All Memberships (except Charter Lifetime Members (“CLM”)) are subject to payment of a one-time non-refundable Initiation Fee. The Initiation Fee and Membership dues for each level of Membership vary based on the level and Membership availability. Membership dues and benefits may be reviewed and adjusted by OTS at any time without notice.

H All Members, guests, and other OTS facility users must follow all OTS Safety Standards and Range Rules, and must read, and agree to the terms of the OTS Release, Waiver of Liability, Assumption of Risk and Indemnity Agreement which is incorporated by reference into the OTS Terms and Conditions of Membership. All first-time Members, guests, and other OTS facility users must participate in the OTS range orientation.

I. All explained more fully in the OTS Release, Waiver of Liability, Assumption of Risk and Indemnity Agreement, guests must be accompanied by a Member to be admitted to the firing line. Members are responsible for all actions taken by their guests and will hold OTS harmless for property damage, accidents and injuries to or caused by guests.

I. All Members and guests are subject to the general policies and rules of operation and administration of OTS, all of which are intended to provide a safe, professional, friendly and family-oriented club.

AUTHORIZATION FOR PAYMENT BY DEBIT OR CREDIT CARD.

Check One:

Account No.: _____ 9-digit ACH for Checking _____

Billing Address: _____ City _____ State _____ Zip _____

Credit Card Exp. Date: ____/____/____ 3-digit PIN on the back of Visa/MC; 4-digit PIN on the front of AmEx.: PIN _____

MEMBER'S SIGNATURE

DATE