**BASICS: Range & Gun 2, LLC**

7928 US Highway 441, Suite 3, Leesburg, Fl. 34788

**Application for Membership and Contract upon Acceptance as a Member**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(last) (first) (middle)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip : \_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver's License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you active, retired or disabled law enforcement, Fireman or military? Yes: \_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Memberships:**

**Three month single member** seven days a week, unlimited ($200). 5% discount anything in the store.

**Six month single member** seven days a week, unlimited ($300). 5% discount anything in the store.

**Annual single member**, Monday through Thursday only ($300). 5% discount anything in the store.

**Annual single member**, seven days a week, unlimited ($400). 5% discount anything in the store.

**Annual Family membership**, Monday through Thursday ($600). 5% discount anything in the store.

**Annual Family membership**, seven days a week, unlimited ($700). 5% discount anything in the store.

**Patriot single member** seven days a week, unlimited. You can reserve a lane. You receive 10% discount on anything in the store. ($600).

**Patriot family membership** seven days a week, unlimited. You can reserve a lane. You receive 10% discount on anything in the store ($1000).

**Corporate/Church/Group membership** seven days a week, unlimited. 5% off anything in the store. Four person maximum. ($700). Each member must have his or her own membership card.

**Family is defined** as husband, wife and any children 18 years of age or younger living at home and supported by parents.

**Active, retired or disabled Law Enforcement, Military or Fire** receive $50 off annual memberships and $25 off three and six month memberships. 10% off anything in the store.

**One time administration fee** is $15 and $15 for each additional card issued.

**Sales tax** on the membership is 7%.

ANNUAL DUES AMOUNT PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this application, upon acceptance of a member, which shall deem to have occurred upon payment of the dues, I agree I will abide by all the laws of the State of Florida and the United States of America, and the rules and regulations of BASICS: Range & Gun, LLC. I acknowledge that I have been provided a copy of and have read the rules and regulations. Further, I acknowledge that my membership may be terminated for non-payment of dues and/or the property of BASICS: Range & Gun, LLC can be recalled by its management for misuse, or for any other valid reason. Upon termination, I agree to return requested items within ten (10) days of the official request date. In the event of dispute regarding this application or contract after acceptance, venue shall be in Clay County, Florida, and the prevailing party shall be entitled to recover attorney fees and costs from the other party.

**I hereby affirm and certify all the above answers and statements are true and factual to the best of my knowledge and belief.**

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_