



## MEMBERSHIP APPLICATION

NAME/S: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/S: \_\_\_\_\_

EMAIL/S: \_\_\_\_\_

VILLAGE ID: # \_\_\_\_\_ OR

CDL or STATE ID as a GUEST MEMBER ONLY # \_\_\_\_\_ STATE \_\_\_\_\_

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**BELOW TO BE COMPLETED BY RANGE MANAGER**

DATE WAIVER SIGNED: \_\_\_\_\_ WITNESSED BY: \_\_\_\_\_

DUES PAID BY: CASH \$20 \_\_\_\_\_ CHECK # \_\_\_\_\_

DATE WHEN LWAC MEMBERSHIP CARD WAS ISSUED \_\_\_\_\_

**ALL MEMBERSHIPS EXPIRE AT THE END OF APRIL**