



AMERICANA U.S.A. 1800 ADVENTURE CLUB
P.O. BOX 800248
SANTA CLARITA CA 91380

Application for Membership - Club and Range Familiarization

Tell us about yourself

DATE: ____/____/____ SPONSER: _____
LAST NAME _____ FIRST _____ MIDDLE INITIAL ____
ADDRESS: STREET _____
CITY _____ STATE _____ ZIP CODE _____ - ____
HOME PHONE (____) _____ WORK (____) _____
E-MAIL: _____ DATE OF BIRTH ____/____/____

Pre-Induction Requirements

1) Attend two club meetings verified by a board member

Meeting #1 Date _____ Board Member Signature _____

Meeting #2 Date _____ Board Member Signature _____

2) Attend two club scheduled shoots verified by a Match Director

Date of Shoot #1 _____ Name of Shoot _____

Type Firearm Used _____

Date of Shoot #2 _____ Name of Shoot _____

Type Firearm Used _____

TO BE ANSWERED BY THE MATCH DIRECTOR

- Did applicant demonstrate knowledge of range safety and firearm handling? Yes or No

- Are you comfortable that the applicant can safely use firearms on the club ranges Yes or No

Any comments _____

Match Director Printed Name _____

Match Director Signature _____

Completed form is to be submitted to club President.