



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?
- Are you comfortable that the applicant can safely use firearms on the club ranges

Any comments \_\_\_\_\_

Match Director Printed Name \_\_\_\_\_

Match Director Signature \_\_\_\_\_

Completed form is to be submitted to club President.