

FRCC Membership/Renewal Form

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (cell)

Email: _____

Membership Dues: \$60.00

Make Checks Payable to FRCC

Send to:

FRCC, ATTN: Membership, P.O. Box 424, Greenville, Michigan 48838

Return with Membership Renewal

I have received and read the safety rules for the rifle, pistol, shot gun ranges. I understand the rules and agree I will follow them and make sure the rules are followed by any guest I may bring to the range.

Signed _____ Date _____

Printed Name _____