

FORT MYERS PRACTICAL SHOOTING ASSOCIATION, INC.  
NAPLES SWAMP ROMPERS, INC

**2015 Membership Application**

Individual Membership \$25 ( )  
( ) FMPS ( ) NSR membership

Dual membership \$40 ( )  
Make one check payable to FMPS

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please fill in all that apply:

NRA#: \_\_\_\_\_ USPSA#: \_\_\_\_\_

IDPA#: \_\_\_\_\_ SASS#: \_\_\_\_\_

Range Officer or Safety Officer?: Yes ( ) No ( )

I certify that I am at least 18 years of age and that I am entitled under Chapter 790, Florida statutes and Florida state law to purchase and own firearms. (If under age 18, I will be accompanied and supervised by a guardian while on premise.) I also certify that any training I receive will be in compliance with Statute 790.29 and will not be used for any unlawful purpose. I have read and agree to abide by all safety regulations promulgated by the United States Practical Shooting Association, The National Rifle Association, The International Defensive Pistol Association, The Single Action Shooting Society and The Fort Myers Practical Shooting Association, Inc. I understand and agree that any infraction of safety regulations may result in the immediate and permanent expulsion from the Hansen Gun Club and Range, Inc. I also agree to hold harmless Hansen Range and Gun Club, Inc. and its owners, and all aforementioned clubs and Officers for any accident incurred while participating in any function at the Hansen Range and Gun Club, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_