



Guntry Club™

Ultimate Protection Academy & Indoor Tactical Range Individual & Family Membership Application & Agreement

Anytime Range™

The undersigned hereby applies to become a Member the Guntry Club at ULTIMATE Protection Academy, LLC ("UPA") and provides the following information as part of his or her application for membership:

Primary Member _____ SS# _____ - _____ - _____ DOB ____/____/____
First Name Last Name

Home Address _____ City _____ State _____ Zip _____
Number and Street

Mailing Address (if different) _____ City _____ State _____ Zip _____
Number and Street

Home Phone _____ Work Phone _____ Cell Phone _____ Email address _____

MI Driver's License # _____ Occupation _____ Place of Employment _____

FAMILY MEMBERS			EMERGENCY CONTACTS		
Name _____	Email Address _____	Date of Birth ____/____/____	First Name _____	Last Name _____	Relationship _____
Name _____	Email Address _____	Date of Birth ____/____/____	Daytime Phone _____	Evening Phone _____	
Name _____	Email Address _____	Date of Birth ____/____/____	First Name _____	Last Name _____	Relationship _____
Name _____	Email Address _____	Date of Birth ____/____/____	Daytime Phone _____	Evening Phone _____	

Are you a United States citizen? Yes No Have you ever been convicted of a felony? Yes No

Do you have a current Michigan CPL/CCW? Yes No If yes: Number _____ Expiration Date _____

Have you ever been in the Military or Police? Yes No If yes: Branch/PD _____ Date _____

Are you retired from law enforcement or the military? Yes No If yes: Branch/PD _____ Date retired _____

How did you hear about us? Newspaper Radio Drive By/Signage Mail/Flyer Internet search Website Referral

Which of the following products/services interests you: Handguns Rifles Shotguns Training/Instruction CPL Tactical

Have you completed any NRA/UPA Classes? Yes No If yes, which ones? _____

MEMBERSHIP TYPE	LOCKER RENTAL (AR Members Only)
<input type="checkbox"/> Individual _____ monthly dues	<input type="checkbox"/> locker # _____ per month
<input type="checkbox"/> Family _____ Pre-Paid 1st Year	<input type="checkbox"/> Locker # _____ per year

MEMBERSHIP AND PAYMENT TERMS

To establish and qualify for Membership, Member agrees to pay an up-front membership fee and Initiation Fee (see "Schedule"). The Initiation Fee is a one-time charge and is non-refundable. Monthly Dues for the Membership selected are due, in advance, on the first day of each month. Dues for the month after the first year in which the membership commences, shall become monthly. The Membership shall commence on the date UPA approves and accepts this Membership Application.

ACCEPTANCE AND AGREEMENT

By executing this Membership Application below, the undersigned acknowledges receipt of the attached Terms and Conditions of Membership, which can also be found at <http://www.cwtraining.com/MembershipTerms>. If accepted for membership, the undersigned agrees to be fully bound by the terms thereof, as amended from time to time by UPA. The undersigned acknowledges and agrees that UPA reserves the right to change the Terms and Conditions of Membership and all benefits and amenities associated therewith at any time. The undersigned hereby authorizes the disclosure and release of information to UPA for the purpose of investigating the undersigned's qualifications for membership and agrees that any third party may rely on this release. In the event of a breach of the Terms and Conditions of Membership by the undersigned, his or her guests, or his or her family members (if a Family Membership), the Membership may be terminated by UPA, and the Membership Fee and any prepaid dues shall not be refunded. The Membership may be cancelled by the undersigned at any time after the first year upon at least 15 days written notice. THE UNDERSIGNED AGREES TO RELEASE AND INDEMNIFY UPA AS SET FORTH IN THE TERMS AND CONDITION OF MEMBERSHIP.

Primary Member : _____

Date ____/____/____