



**Ultimate Protection Academy
& Indoor Tactical Range
Individual & Family Membership
Membership Application Checklist
For Internal Use Only**

Anytime Range™

Primary Member _____ Individual Family Drivers Lic. # _____
First Name Last Name

Home Address _____
Number and Street city State Zip

Primary Member Name: _____	E-mail: _____	Verified	Date
<input type="checkbox"/> Copy of Drivers License		By: _____	Date: _____
<input type="checkbox"/> Background Check Documentation Type _____	Expiration Date _____	By: _____	Date: _____
<input type="checkbox"/> Membership Fee and Prorated Dues Received		By: _____	Date: _____
<input type="checkbox"/> Set-up monthly dues payment		By: _____	Date: _____
<input type="checkbox"/> Membership kit delivered to Member		By: _____	Date: _____
<input type="checkbox"/> Club Orientation completed		By: _____	Date: _____
<input type="checkbox"/> First Shots or Firearm Lesson Completed		By: _____	Date: _____
<input type="checkbox"/> Biometric ID Set-up	ID # _____	By: _____	Date: _____

Family Member Name: _____	E-mail: _____	Verified	Date
<input type="checkbox"/> Copy of Drivers License / Alt. ID		By: _____	Date: _____
<input type="checkbox"/> Background Check Documentation Type _____	Expiration Date _____	By: _____	Date: _____
<input type="checkbox"/> Club Orientation completed		By: _____	Date: _____
<input type="checkbox"/> First Shots or Firearm Lesson Completed		By: _____	Date: _____
<input type="checkbox"/> Biometric ID Set-up	ID # _____	By: _____	Date: _____

Family Member Name: _____	E-mail: _____	Verified	Date
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