

Membership Application

Name in Full:				
Address:				
City:		St	ate:	_
Zip:				
Telephone:				
Yearly Memb	ership Fee: \$45.00 (make checks payable	e to HCSA)	
Instructions: (USPS only)	Print and fill this forn	n out along with you	check & form to the addr	ess below.
HCSA	BOX 4561	MISSOULA, MT.	59806	

Make checks payable to HCSA. No credit cards or online payments available.

If you would prefer you may renew your HCSA membership at the Deep Creek range

Friday thru Monday with the care taker.

Upon receipt of this membership form you will be mailed your membership card with the gate code, gate policy and the yearly newsletter with calendar of events and other important information.