



# Sky Range Shooting Club

Level 13, The Theatre Carpark, Solaire Resort & Casino  
1 Asean Ave, Entertainment City, Paranaque City

## MEMBERSHIP APPLICATION FORM

Personal Data

Membership No.

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

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

Date of Birth: mm dd yyyy

Gender:  Male  Female

Nationality: \_\_\_\_\_

Passport / Valid ID No. \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

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

Country: \_\_\_\_\_

Province/State: \_\_\_\_\_

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

I declare that the above information is true and complete. I have read and accepted the terms and conditions of the membership agreement detailed in this application form.

I consent that Sky Range Shooting Club may use and process personal information gathered in this application for general marketing purposes only.

## Signature

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Signature of Applicant

Date of Registration