



Armed Texans Membership Application

Full Name: _____

DL#/State: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: _____

Emergency Contact Number: _____

Emergency Contact Number 2: _____

(Emergency Contacts Should Know Your Medical History, 2 Emergency Contacts Preferred)

E-mail Address _____

Please list any prior experience:

Our yearly memberships run from May 15th to the following May 15th. Please look at our membership packet and circle the membership classification of your choice:

(Family includes wife & children under 21 living at home or in college)

Single Family

Silver Gold VIP

All members are required to have a background check, sign a liability waiver, have a minimum of LTC, Basic Safety Course or take a safety/orientation class before shooting on our range. Please send check/money order and a copy of DL in with application.

Mailing Address:
Armed Texans
P.O. Box 611
Mineola, TX 75773

Contact us:
888-37-ARMED (888-37-7633)
E-mail: info@armedtexans.com