



# CCC Shooting Complex Application for New Membership

Email Form To:

cccshootingcentermarketing@gmail.com

OR MAIL TO WITH  
PAYMENT:

CAWTHON CARTRIDGE CLUB  
P.O. BOX 695  
MILLICAN TX 77866  
936-825-8600

**Today's Date:** \_\_\_\_\_

**Please Enter Full Legal Name**

1st NAME \_\_\_\_\_ MID \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ +4 \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

WORK PHONE \_\_\_\_\_ COMPANY \_\_\_\_\_

CELL PHONE \_\_\_\_\_ POSITION \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SHOOTING INTEREST \_\_\_\_\_

Upon acceptance of membership, I hereby agree to abide by the By-Laws, policies, and procedures of the CAWTHON CARTRIDGE CLUB.

SIGNATURE \_\_\_\_\_

NRA# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

\*If you are a current NRA Member, provide information.

**TYPE OF MEMBERSHIP:**  
CIRCLE ONE: INDIVIDUAL FAMILY VET/MIL/LE

If choosing a family membership, list names and ages of other members in household.  
Family membership is immediate family, i.e. spouse and/or children under 18 years old.

Name \_\_\_\_\_ Relation & Age \_\_\_\_\_

Name \_\_\_\_\_ Relation & Age \_\_\_\_\_

Name \_\_\_\_\_ Relation & Age \_\_\_\_\_

Name \_\_\_\_\_ Relation & Age \_\_\_\_\_

Individual Membership: \$950 annually, \$300 per quarter, \$150 per month

Active Military/LE, Vets, Students: \$800 annually, \$250 per quarter, \$125 per month

Guests pay \$25 per visit, limit of 2 guests per visit.

Family Membership: \$1450 annually, \$450 per quarter, \$200 per month

LE/VET/Military family membership: \$1250 annually, \$400 per quarter, \$175 per month

Family memberships include immediate family members; ie, spouse, kids 18 and under living at home.

OFFICE USE ONLY

Approval Date \_\_\_\_\_