

**MADISON COUNTY SHOOTING SPORTS ASSOCIATION  
MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ NRA Member Number \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email Address \_\_\_\_\_  
 Family Shooters Adults Male \_\_\_\_\_ Female \_\_\_\_\_ Children Male \_\_\_\_\_ Female \_\_\_\_\_  
 SHOOTING PREFERENCE \_\_\_\_\_ Skeet \_\_\_\_\_ Trap \_\_\_\_\_ Pistol/Other \_\_\_\_\_

**Requirements of Membership**

**Working Membership:** a minimum of three Range Days (combination of weekend Rangemaster (MUST be Rangemaster qualified and first range day performed with an experienced Rangemaster) and scheduled Workdays)  
 OR

**Non-Working Membership:** Payment for Range Days not worked (see below)

**Membership Cost**

MCSSA is a NRA Affiliated club and as such we offer a discount to all members of the NRA or applicants for membership in the NRA and who apply for membership concurrent with this application. The club's liability insurance is with the NRA and as such 75% of the membership must be NRA members.

<b>Date Joining</b>	<b>NRA Member</b>	<b>NON NRA Member</b>	<b>Req Range Days (\$30 per day)</b>
1APR-31 MAR	\$120 _____	\$155 _____	3 Range Days
1AUG-31 MAR	\$110 _____	\$145 _____	2 Range Days
1DEC-31MAR	\$100 _____	\$135 _____	1 Range Day

**Total Paid \$ \_\_\_\_\_**

**THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS AS APPROPRIATE:**

I am a citizen of the United States of America and lawfully permitted to own and receive firearms.

Signature Required \_\_\_\_\_

**OR**

I am a legal resident of the United States of America and lawfully permitted to own and receive firearms.

Signature Required \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENT:**

I do here by, in consideration of such benefits and other good and valuable consideration, release absolutely, forever discharge, and covenant not to sue THE EXECUTIVE COMMITTEE OF THE MADISON COUNTY SHOOTING SPORTS ASSOCIATION AND THE OFFICERS, EMPLOYEES, AND AGENTS of the said COMMITTEE and/or of its constituent institutions from and concerning all liability, losses, claims, demands, action, debts, and expenses of every name and nature for personal or bodily injury (including and resulting in death) or other damages which I may sustain from whatever cause during ,arising our of, or as a result of such participation or any activity connected therewith ,including without limitation the use of any vehicle ,or other conveyance , or means of transportation , and excepting only wanton or intentional misconduct by the foregoing parties or any of them within the scope of this release/indemnity agreement and to except ,by express limitation here stated ,only wanton or willful misconduct by the same.

I do further hereby expressly, knowingly, and voluntarily assume all risk of personal or bodily injury from hazards normally incident to, ordinary associated with, or reasonably foreseeable from such participation.

I further agree to indemnify the foregoing parties against any liability or loss sustained by any of them arising out of my said participation.

I agree to allow my address, email address and telephone number to be provided to other Association Members.

**In witness whereof do set my hand this day of \_\_\_\_\_, 20 \_\_\_\_\_**

**Signature \_\_\_\_\_ Witness \_\_\_\_\_**