## MADISON COUNTY SHOOTING SPORTS ASSOCIATION MEMBERSHIP APPLICATION

Name			Today's Date		
Address		City		State	Zip
Telephone		NRA Mer	NRA Member Number		
Occupation		Email Address_			
<b>Family Shooters</b>	Adults Male	Female	_ Children	Male	Female
Shooting Preference	Skeet		Pistol/Oth		
Working Membershi qualified and first rang Non-Working Memb	ge day performed wit	h an experienced Ran	bination of week gemaster) and so	end Rangemas	ster (MUST be Rangemaster kdays) OR
MCSSA is a NIDA A A	filiated alph and as a	Members		of the NDA	or applicants for membership in
	ly for membership c	oncurrent with this ap			nsurance is with the NRA and a
Date Joining		NON NRA Men			
1APR-31 MAR	\$120	\$155		3 Range Days	
1AUG-31 MAR 1DEC-31MAR	\$110 \$100	\$145 \$135		2 Range Days 1 Range Day	
IDEC-31MAR	\$100	\$133		Paid \$	
			Iotai	I alu 5	
		TIONS MUST B APPROF	PRIATE:		L APPLICANTS AS irearms.
Signature Rec	quired				
I am a legal reside Signature Rec		es of America and lav	OR wfully permitted	to own and re-	ceive firearms.
not to sue THE EXECU OFFICERS, EMPLOYE losses, claims, demands, or other damages which therewith ,including with	ation of such benefits a TIVE COMMITTEE OF ES, AND AGENTS of action, debts, and expending the use of the foregoing parties	F THE MADISON COU the said COMMITTEE cases of every name and atever cause during ,aris of any vehicle ,or other of or any of them within the	ble consideration, UNTY SHOOTIN and/or of its const nature for personating our of, or as a conveyance, or me	release absolute G SPORTS ASS tituent institution al or bodily injur- result of such pa- eans of transport	ely, forever discharge, and covenan SOCIATION AND THE as from and concerning all liability ry (including and resulting in death articipation or any activity connected tation, and excepting only wanton agreement and to except, by express
I do further hereby expre ordinary associated with				odily injury fron	n hazards normally incident to,
I further agree to indemr	nify the foregoing partic	es against any liability or	r loss sustained by	any of them ari	sing out of my said participation.
I agree to allow my addr	ess, email address and	telephone number to be	provided to other	Association Mer	mbers.
In witness where	of do set my han	d this day of	, 2	0	_
Signature		W	itness		
[Type text]		REVIEWED JUNE	2021		[Type text]

Web Site http://www.mcssa-al.org

April 2020-March 2021