

# Shiloh Tactical Shooting Club

## Membership Application (Please Print)

Name \_\_\_\_\_ IDPA# \_\_\_\_\_ NRA# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Annual membership dues** to SHILOH TACTICAL SHOOTING CLUB shall be \$10.00 per calendar year. Payment of annual membership dues shall provide the member with coverage under the General Liability Policy of SHILOH TACTICAL SHOOTING CLUB and to pay for any associated cost for the same. **Annual dues payment is included in all membership levels, as described in Section 4.05 of the SHILOH TACTICAL SHOOTING CLUB Bylaws.**

### MEMBERSHIP LEVEL

(Please check one)

\_\_\_\_ (10.00) Associate Member: match fee & classifier fee- 5.00 per event

\_\_\_\_ (35.00) Affiliate Member: match fee & classifier fee-3.00 per event

\_\_\_\_ (110.00) Standard Member: match fee & classifier fee- NO CHARGE

### EMERGENCY CONTACT INFORMATION

(Required)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Contact \_\_\_\_\_

**I UNDERSTAND THAT ENGAGING IN FIREARMS SHOOTING ACTIVITIES CONSTITUTES MY INVOLVEMENT IN A VERY HAZARDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS. MY SIGNATURE ON THIS DOCUMENT CERTIFIES THAT I AM AT LEAST 21 YEARS OF AGE AND THAT I MAY LEAGALLY POSSESS FIREARMS.**

**FEES ARE PAYABLE WITH THIS APPLICATION.** Annual membership Dues will not be prorated. Annual membership fees will only be prorated as outlined in Shiloh Tactical Shooting Club bylaws Section 4.05. All membership fees are due January 1st of the new year and will be considered delinquent on January 31st of the respective year. All membership fees must be accompanied by this completed application, before Shiloh Tactical Shooting Club will issue a current year membership card.

"I, \_\_\_\_\_, certify that I am legally able to possess a firearm in the state of Texas, and that all of the information provided on this application is true and correct. I agree that I have read and will abide by the By-laws of Shiloh Tactical Shooting Club and by the safety rules of Shiloh Tactical Shooting Range. Payment of Membership Fees or Dues and acceptance of membership card shall constitute the member's agreement with club bylaws, regulations, safety policies, and waiver of liability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_