



CRETE GUN CLUB APPLICATION

This section to be completed by Secretary

Date received: _____ Received by: _____
Payment type: Check _____ / Check # _____ Cash _____ Amt. Paid: _____
Sponsor: _____ Membership approval date: _____
Member #: _____

Secretary initials: _____

Name

First M.I. Last

Address

Street Address City State ZIP Code

Contact

Email Address Home Phone Cell Phone

Emergency Contact

Name Phone

Misc.

List Other Club Affiliations:

NRA Member # (if applicable)

READ & SIGN REVERSE SIDE OF APPLICATION

(application will not be accepted unless signed & dated by applicant). Fees MUST be paid at time of application or it will not be voted on until received.

I do hereby waive any and all claims for damage and/or injury against Crete Gun Club (CGC), its members, officers or owners of any area where CGC activities may take place, arising from my participation in any CGC activity. I further agree to abide by all safety regulations of CGC and I understand that failure to comply with said regulations would result in my suspension/removal from CGC, or removal from the activity. I further agree to abide by all Federal, State, and Local laws governing the use and ownership of firearms and certify that I am eligible to participate in firearm related activities by law. It is my responsibility to advise a CGC officer in the event I no longer am eligible by law to use or possess firearms. I further certify that I am over 18 years of age or have the permission to participate and am accompanied by a legal guardian or parent during my participation in CGC activities, that I have never been convicted of a crime of violence, nor am I currently under indictment for a felony. I further state that the skills learned through CGC will be used for sport or legitimate self-defense. I understand that I will not be allowed to participate in CGC activities unless CGC has this Waiver of Damages completed by me or my legal guardian or parent in its possession prior to my registering to participate in said activities.

Signature:

Print Name:

Date:
