BROOME COUNTY SPORTSMEN'S ASSOCIATION, INC.

NEW MEMBER APPLICATION

Membership Year: September 1st to August 31st

Please Print Clearly and Use Ink. **Incomplete applications will be returned**

| Mr | | | |
|---|---------------------------------------|--|---|
| Mrs First Na | ne | M.I. | Last Name |
| Miss | | | |
| Street Address | | | |
| City | State | Zip + 4 (A | All 9 Digits) |
| Phone Number () | | E-mail Add | dress |
| Date of Birth (M/D/Y) | // | Occupation | 1 |
| Vehicle License Plate #(s) 1 | · | 2 | 3 |
| Are you an NRA Member? _ | If y | es, NRA Number | r |
| Dlagga Indicate your Interests | in our Organizat | ion | |
| Please Indicate your Interests | - | | |
| Air Rifle High P | ower Rifle | Junior Program | Rifle |
| Archery Indoor Club Upkeep Indoor | Range Sporter Rifle | Other | ndgun 22 Rifle silhouette |
| massi | sporter rane | <u></u> | |
| Are you a Former BCSA Me Were You Ever Convicted of | | | |
| (Circle below which apply Regular Membership \$60 Guest Membership \$60 Junior Membership \$5 Life Membership \$90 Optional Indoor Range \$95 | 0.00 .00 Additional .00 0.00 | I | Checks Payable to: BCSA Do Not Send Cash BCSA Memberships P.O. Box 1794 Binghamton, NY 13902-1794 |
| (EACH Membership Applic | | Junior1 reauires | , |
| (211011 1121110 013111 1121 1121 1121 | and frequence | · ···································· | a separate approximent |
| | | | |
| | A | pplicant's Signat | ture Date |
| Your signature on the | nis application an | nd the Waiver sig | gnifies that you will follow club rules |
| FOR CLUB USE ONLY: | | | |
| Check Number | Bank: | Card | d # Issue Date: |
| Date Rec'd | Amount: | Indo | oor Range |

Rev. 11/30/2020



Broome County Sportsmen's Association, Inc.

Post Office Box 1794 Binghamton, N.Y. 13902-1794 Website: bcsportsmen.org

I understand that shooting sports activities may entail risks of injury or death to myself. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for myself for the risks identified herein and for those risks not specifically identified. My participation is voluntary and I elect to participate in spite of risks.

I have read and understood the BROOME COUNTY SPORTSMEN'S ASSOCIATION INCORPORATED Safety and Membership Rules. Which have been provided to me in writing and are also available to me on the Club's website listed above.

I agree that prior to participating in any shooting sports activity, I must be familiar with the safe operation of any firearm that I will use and understand the safety and shooting procedures applicable to that activity. I agree that I must be physically capable of safely participating.

I assume full responsibility for myself for bodily injury, death, and the loss of personal property and expenses thereof as a result of those inherent risks and dangers and/or of my own negligence.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself.

| MEMBERS | NAME |
|-----------|--|
| | (please print) |
| MEMBERS : | SIGNATURE x |
| | (If Juvenile, Parent or Guardians Signature) |
| | DATE / / |