

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. _____
Ms. _____ First Name M.I. Last Name
Miss _____

Street Address _____

City _____ State _____ Zip + 4 (All 9 Digits) _____ - _____

Phone Number (_____) _____ - _____ E-mail Address _____

Date of Birth (M/D/Y) ____ / ____ / ____ Occupation _____

Vehicle License Plate #(s) 1. _____ 2. _____ 3. _____

Are you an NRA Member? _____ If yes, NRA Number _____

How would you like to read/receive the Quarterly Newsletter? ____ U.S. Mail ____ On the Webpage
____ E-Mail (please provide your email address)

Please Indicate your Interests in our Organization:

Air Rifle ____ High Power Rifle ____ Junior Program ____ Rifle ____
Archery ____ Indoor Range ____ Outdoor Rifle/Handgun ____ 22 Rifle silhouette ____
Club Upkeep ____ Indoor Sporter Rifle ____ Other _____

Are you a Former BCSEA Member? Yes ____ No ____

Were You Ever Convicted of a Felony Yes ____ No ____

(Circle below which apply)

Regular Membership \$60.00
Guest Membership \$60.00 Additional
Junior Membership \$ 5.00
Life Membership \$900.00
Optional Indoor Range \$95.00 additional

Make Checks Payable to: BCSEA

Do Not Send Cash

Mail to: **BCSEA Memberships**
P.O. Box 1794
Binghamton, NY 13902-1794

(EACH Membership Application [Regular or Junior] requires a separate Application)

Applicant's Signature Date

Your signature on this application and the Waiver signifies that you will follow club rules

FOR CLUB USE ONLY:

Check Number _____ Bank: _____ Card # _____ Issue Date: _____

Date Rec'd _____ Amount: _____ Door Code _____



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 ____ / ____ / ____