

Membership Application

RD Offutt

Huntersville Sportsmen's Park Inc.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Firearms Safety Certificate # _____

Guest _____

Are you an NRA Member? No__ Yes__ NRA # _____

Membership Categories

- Corporate Billboard Membership \$1,500 (See 3 year contract)
- *Life Member \$1,000
- *Membership \$50
***Includes spouse & dependents under the age of 18**
- Collegiate Member \$25
- Junior Member \$10 (Youth shooter only non-shooting parent/guardian)
- Singles League Entry \$12.50
- Doubles League Entry \$12.50

Shooting Card

- Trap Shooting Card (11 rnd) \$80
- Trap Shooting Card (30 rnd) \$200
- Junior Card (11 rnd) \$55
- Collegiate & Women Shooting Card (11 rnd) \$60
- Team Sponsor Fee \$100/ea
- 250 Bird League Card with shells \$180

Please consider a donation to the RD Offutt Huntersville Sportsmen's Park .

If mailing make check payable to Huntersville Sportsmen's Park.

Robin Walsh, Treasurer

20388 US 71, Park Rapids, MN 56470

CERTIFICATION

I CERTIFY THAT I AM NOT AN INELIGIBLE PERSON TO POSSESS A FIREARM PER MN STATE STATUTE 624.713

I CERTIFY THAT I AM NOT A MEMBER OF ANY ORGANIZATION OR GROUP WHOSE PURPOSE OR INTENT IS TO SUBVERT THE CONSTITUTION OF THE UNITED STATES BY FORCE OR VIOLENCE.

I CERTIFY THAT I HAVE NO INTENTION OF UNLAWFULLY USING A FIREARM. ZERO TOLERANCE FOR CONSUMING OR BEING UNDER THE INFLUENCE OF A CONTROLLED SUBSTANCE DURING ACTIVE SHOOTING HOURS.

WAIVER

I DO HERBY WAIVE ANY AND ALL CLAIMS FOR DAMAGES AGAINST RD OFFUTT HUNTERSVILLE SPORSMEN'S PARK IT'S MEMBERS AND/OR BOARD OF DIRECTORS ARISING FROM THE PARTICIPATION IN ANY ASSOC. ACTIVITY OR USE OF THE RANGE.

I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THE RULES AND REGULATIONS OF THE RD OFFUTT HUNTERSVILLE SPORSMEN'S PARK.

I UNDERSTAND THAT MY MEMBERSHIP MAY BE CANCELLED WITHOUT REFUND SHOULD I BREACH THE RULES OF THE ORGANIZATION.

Membership	Fee _____
Singles League	Fee _____
Doubles League	Fee _____
Shooting Card	Fee _____
	Total _____

Signature: _____

Date _____