

Minocqua Gun Club

P.O. Box 403
Minocqua, WI 54548



Membership Application

www.minocquagunclub.com
gunclubminocqua@gmail.com

Please Print Clearly

Name: Last _____ First _____

If purchasing a family membership, please only list **immediate** family members (spouse/partner, **dependent** children) who will be using the facility below:

1. _____ 3. _____

2. _____ 4. _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

_____ I would like important gun club information in paper form delivered through US mail. It will otherwise be sent via the email address you provide.

Annual membership being purchased: (Membership year runs from May 1 to April 30)

Trap/Skeet (Basic Membership)

_____ Single \$40 or _____ Family \$50

_____ **Rifle/Pistol Range** \$10 added to a basic membership.

Total Due: \$ _____

New Membership Number _____

(This number changes every year.)

Release and Hold Harmless Agreement (Must be signed and witnessed)

In consideration of the acceptance of my application to participate as a member in the event or events conducted under the auspices of the Minocqua Gun Club, Inc. I hereby release and discharge said corporation and its officers and directors from any and all liability and I assume all risk of property damage, personal injury, or death that I may suffer while engaged in participation in any and all shooting sports or any other events held under the auspices of the Minocqua Gun Club. Further, I agree to indemnify and hold harmless the Minocqua Gun Club, Inc. from any liability for property damage, death or personal injury to any person caused by myself while engaged in participating in any and all shooting sports or any other event held under the auspices of the Minocqua Gun Club. I also understand the Minocqua Gun Club recommends and encourages the use of proper eye and ear protection for everyone in the shooting area.

I have read this entire document, understand its entire meaning, and sign voluntarily.

Signature _____ **Date:** _____

Witness Signature _____

Checks can be made out to **Minocqua Gun Club** and mailed to the address above. The new membership card(s) will be mailed to you.