2026 Membership Application

New Address? Y

(Please Print legibly)

First Name_____ Last Name_____

Mailing Address_____

City_____ State_____ Zip_____

Email _____ Phone (_____)_____ (H/C)

Gate Card #_____

Membership Type	Price	Check Membership Type
New Membership (Family) *	$100.00	☐
Annual Renewal (Family) *	$100.00	☐
Sr. Annual Membership (60 and over)	$80.00	☐
Annual Renewal (Senior 60 and Over)	$80.00	☐
Life Adult Membership (Family)*	$1,000.00	☐
Life Senior Membership*	$800.00	☐

If this is a renewal, you will not be issued a new gate card. Additional gate cards are $10.
***Family membership includes spouse and any minor children.**
Annual Membership is good for one calendar year beginning January 1st through December 31st.

Membership Requires Reading and Signing Below

ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT

In consideration of being allowed to shoot at the facilities of the Winona Sportsmen's Club, the above signed acknowledges that he/she understands that there are risks involved in shooting activities and that by signing above, voluntarily and expressly accepts and assumes any and all risks of property damage, injury or death resulting in any way from the above signer's use of the club's facilities either as a member or as an invited guest of the Winona Sportsmen's Club, including, but not limited to, negligence on the part of any person associated with the Winona Sportsmen's Club. The above signed further agrees to release from liability and to indemnify and hold harmless the Winona Sportsmen's Club and any of the directors, officers or agents, from any and all claims (including costs and attorney fees) that the above signed may now have or may hereafter have for property damage, personal injury or death, which the above signed may suffer or for which the signed may be liable to others arising out of or in any way connected with the above signer's shooting activities at the trap club facilities. This assumption of Risk, Release and Indemnity Agreement shall apply to all claims based upon willful or intentional misconduct. Any minor signing this form has their parents' permission.

Signed: _____ **Date:**_____

Official Use
Date: _____
Amount: _____
Approved by: _____

MAIL TO:
WSC Membership
c/o Tricia Durnen
877 W Burns Valley Rd
Winona, MN 55987