



Application for Membership

www.acwlc.org

Ashe County Wildlife Club, Inc.
PO Box 1229
West Jefferson, NC 28694

Name _____ Date of Birth: _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Phones: Home _____ Work _____ Cell _____

NRA member # (required) _____ Sponsor (a current Member) or Concealed Carry # _____

Please answer the following questions, yes or no:

- 1 - Have you ever been denied the purchase of a firearm? _____
- 2 - Have you been convicted of a wildlife violation in the past five (5) years? _____
- 3 - Are you currently charged with a felony or have you been convicted of a felony during the preceding Five (5) years? _____
- 4 - Are you an unlawful user or are you addicted to or a habitual user of any controlled substance, drug, or alcohol? _____
- 5 - Have you ever been judged mentally ill or been committed to a mental institution? _____
- 6 - Are you currently under court orders relating to any criminal act? _____
- 7 - Have you ever been convicted of domestic violence of any kind? _____
- 8 - Are you the person applying for membership? _____
- 9 - Are you a U.S. Citizen? _____
- 10 - Do you agree to abide by Club Rules, guidelines, and bylaws? _____
- 11 - Will you participate in Club Activities, including workdays and improvement projects? _____
- 12 - Do you understand and have you answered all of the above questions honestly? Do you understand any changes to the above answers may result in termination of your membership? _____

TO BE CONSIDERED FOR MEMBERSHIP, you must answer "No" to questions 1 thru 7 and answer "Yes" to questions 8 thru 12. If you have answered otherwise and wish to be considered for membership, please explain below:

I hereby certify that I have truthfully answered the questions herein and understand that I can be declined for membership or have my membership terminated for falsifying this information or committing any wildlife violation or any other act deemed detrimental to the ACWC, Inc.. Further, my signature grants permission to the Ashe County Wildlife Club, Inc, to initiate a criminal background check verifying the information I have provided.

If my application is accepted, I also pledge to support the goals & objectives of the Ashe County Wildlife Club, Inc. to promote and support:

- Good Sportsmanship,
- Conservation of Wildlife,
- The Safe use of Firearms,
- The Right to Hunt and Fish, and the Constitutional Right to Bear Arms, as Guaranteed by the Second Amendment to the U. S. Constitution,
- Cooperation with all State and Federal Agencies in the Protection and Restoration of our Natural Resources,
- The Pledge of Allegiance and open, Public Prayer as they relate to our Club Meetings and Events.

Signature of Applicant _____ Date _____

Areas of Interest (Check all those that apply):

Wildlife Conservation ___ Big-Game ___ Small-Game ___ Sporting Clays ___
Target Shooting ___ Fishing ___ Cowboy Action ___ IDPA ___ Other _____

Please supply the following information: In case of an emergency who should be contacted?

Name _____ Phone # _____

Do you have any medical condition such as an allergic reaction, etc. that could require immediate attention?
Yes or No _____ If yes, please supply additional information.

Members should receive all of the following as required: A copy of the Club Bylaws, a copy of Club Safety Rules and Policies, and the Club Shooting Schedules and Rules.

The documents mentioned above are available online at www.acwlc.org _____

Signature

**Applicants are required to sign the applicable release/s which will remain in effect for the duration of their membership.
Members are required to wear eye and hearing protection while participating in any shooting activity.**

The Club encourages all members to support organizations, such as the NRA and others, that promote hunting, fishing , shooting sports, and wildlife conservation along with individual 2nd Amendment rights.

Comments/Notes: _____

RELEASE OF LIABILITY

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of all Club functions held at Ashe County Wildlife Club ("ACWC"), of Ashe County Wildlife Club Rd, Laurel Springs, North Carolina, 28644 and/or use of the property, facilities and services of ACWC, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by ACWC, or the employees, representatives, agents, or members of ACWC.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal or property injury to myself and (if applicable) my family members, and further release and discharge ACWC for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of ACWC, whether caused by the fault of myself, my family, ACWC or other third parties.
3. I agree to indemnify and defend ACWC against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of ACWC.
4. I agree to pay for all damages to the facilities of ACWC caused by my or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under North Carolina law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS

Dated: _____

Signature: _____

Participant: _____

Address: _____

_____, _____

In case of an emergency, please call _____ (Relationship:
_____) at _____ (Day), or _____ (Evening).

RELEASE OF LIABILITY

By parent involving a minor

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of operating trap machines and helping with club activities organized by Ashe County Wildlife Club ("ACWC"), of Ashe County Wildlife Club Rd, Laurel Springs, North Carolina, 28644 and/or use of the property, facilities and services of ACWC, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by ACWC, or the employees, representatives or agents of ACWC.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge ACWC for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of ACWC, whether caused by the fault of myself, my family, ACWC or other third parties.
3. I agree to indemnify and defend ACWC against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of ACWC.
4. I agree to pay for all damages to the facilities of ACWC caused by my or my family's negligent, reckless, or willful actions.
5. I consent to the participation of my son, or daughter _____ (name) of _____(address) _____(city) ____ (st) _____(zip) in operating trap machines and helping with club activities, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of _____(name).
6. In the event of an injury to the above minor during the above described activities, I give my permission to ACWC or to the employees, representatives or agents of ACWC to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on the date I have signed this document and will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. ACWC shall have the following powers:
 - a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
 - b. The power to authorize medical treatment or medical procedures in an emergency situation; and
 - c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.
7. Any legal or equitable claim that may arise from participation in the above shall be resolved under North Carolina law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS

RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Signature of parent: _____

Name of parent: _____

Address: _____

In case of an emergency, please call _____ (Relationship: _____) at
_____ (Day), or _____ (Evening).