



East Coast Outlaws

45 Hook Lane
Lewisburg, PA 17837
570-847-2344 ecoshooters@gmail.com

2021 Membership Application

Name _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ CMSA #: _____ CMSA Class: _____

Membership is good for the CMSA calendar year starting after CMSA Worlds in October.
East Coast Outlaws Membership:

☐ \$25 Individual ☐ \$40 Family (living under the same roof)

CMSA Membership is additional & required for CMSA events

☐ \$100 Family ☐ \$70 Individual

CMSA Associate Membership:

☐ \$35 Required for Introduction to Mounted Shooting Clinic

Family Members: (Full name, Date of Birth, CMSA #, CMSA Level.)

*Year end points will only be counted for during the CMSA Shoots starting in October.
Must attend 4/8 ECO Shoots to be eligible for Year End Awards*

Liability Release: I understand that I am participating in a sport, which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the East Coast Outlaws' and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant, I will agree to abide by the bylaws of this club after my application is approved.

Signature: _____ Date: _____

Points start once membership has been paid.

Checks are to be made out to East Coast Outlaws & mailed to the above address.

Paid by Cash: _____ Check #: _____ Amount: _____ Date: _____