

MEMBERSHIP APPLICATION

KEYSTONE GUN CLUB ~ 902 E. 28th ST. ERIE, PA 16504 ~ 814-459-3620

PLEASE PRINT LEGIBLY! ALL INFORMATION WILL BE KEPT CONFIDENTIAL

<u>Name:</u>		<u>D.O.B.:</u>	
<u>Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>E-mail:</u>		<u>Telephone- Home / Cell:</u>	
<u>Drivers License/Photo I.D. Number:</u>			<u>State:</u>
<u>Employer:</u>		<u>Occupation:</u>	

Two (2) Non-Family References:

<u>Name:</u>	<u>Telephone:</u>
<u>Name:</u>	<u>Telephone:</u>

NRA Member? Yes / No			
Valid PA License To Carry Firearms? Yes / No	LTCF #:	EXP.	
Other State(s) CCW: Yes / No	State(s) and #:		
Referred by a current member? Yes / No. If yes, member's name:			

I, _____, am an applicant for membership to Keystone Gun Club and have been advised that as a part of the application process for new applicants, Keystone Gun Club conducts a criminal background check. I also agree to pay a non-refundable application fee of \$10.00. I do hereby consent to use by Keystone Gun Club any information provided during the application process in performing the criminal background check.

Signature of Applicant: _____ **Date:** _____

***** RELEASE WAIVER, INDEMNIFICATION, HOLD HARMLESS, ASSUMPTION OF RISK AGREEMENT AND CERTIFICATION OF APPLICATION *****

I certify that:

I am at least 18 years of age. I have never been convicted of a crime that prohibits me from possessing or acquiring a firearm under Federal or State law. A conviction includes a finding of guilt, entering a plea of guilty or nolo-contendere, whether or not judgment has been imposed, as determined by the law of the jurisdiction in which the prosecution was held. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I shall forfeit my membership and dues remitted. I understand that I will be barred from future membership, programs, and functions of Keystone Gun Club. Upon issuance of a membership, if I knowingly become ineligible to legally possess or acquire firearms, I shall notify Keystone Gun Club and my membership will be suspended until the disposition of the charge(s) become available.

I have reviewed the Keystone Gun Club Operations Guide and will abide by all rules set forth. I agree to indemnify and hold harmless from liability the Keystone Gun Club and its Board of Directors from injury that I may incur while using the facilities of the aforementioned club.

Undersigned agrees to the following:

Undersigned agrees to indemnify, hold harmless and defend Keystone Gun Club, (hereinafter referred to as "KGC"), from any and all fault, liabilities, cost, expense, claims, demands, or lawsuits arising out of, related to, or connected with: undersigned's presence at and/or participation in the course of club activities; the discharge of firearms of undersigned; undersigned's presence on, or use of, the range, building, land and premises; and any and all acts or omissions of undersigned.

Undersigned furthermore waives for himself/herself and for his/her executors, personal representatives, administrators, assignees, heirs, and next of kin any and all rights and claims for damages, leases, demands, and any other actions of claims whatsoever which he/she may have or which may arise against KGC, including but not limited to the death of the undersigned and/or any and all injuries, damages, or illness suffered by the undersigned or undersigned's property, which may in any way whatsoever arise out of, be related to, or be connected with: the course of KGC; the premises including any latent defect in the premises; undersigned's presence on or use of said premises. KGC shall not be liable for undersigned's property (whether or not entrusted to KGC) and the discharge of firearms, and undersigned, on behalf of himself/herself and on behalf of his/her executor, personal representatives, administrators, assignees, heirs, and next of kin, hereby expressly releases the KGC from any and all such claims and liability.

Undersigned expressly assumes the risk of taking part in the handling of firearms and taking part in any activities on the premises, which include but are not limited to instruction in the use of firearms, the discharge of firearms and the firing of live ammunition.

Undersigned hereby acknowledges and agrees that undersigned has read this instrument and understands its terms and is executing this instrument voluntarily. Undersigned furthermore hereby acknowledges and agrees that he/she has read, understood, and will at all times abide by all range rules and procedures and any other rules and procedures stated by KGC.

Undersigned expressly agrees that this instrument is intended to be as broad and inclusive as permitted by law and that if any provision of this instrument is held invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby. No remedy conferred by any of the specific provisions of this instrument is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing in law, in equity, by statute or otherwise. The election of any one or more remedy now or hereafter by KGC shall not constitute any waiver of KGC right to pursue other available remedies. This instrument binds the undersigned, his/her executors, personal representatives, administrators, assignees, heirs, and next of kin.

SIGNED: _____ **DATE:** _____

*** **OFFICE USE ONLY** ***

REV. 10-2017

~ **INITIAL PROCESSING** ~

<i>APP. FEE:</i> \$	<i>CASH / CHK #</i>	<i>BKGRND. CHECK DATE:</i>	<i>PASS / FAIL</i>
<i>PRESENTED TO B.O.D.:</i>		<i>APPROVED / DENIED</i>	<i>DATE NOTIFIED:</i>
<i>NOTIFICATION MADE VIA:</i>			

SIGNATURE OF BOARD MEMBER: _____ **DATE:** _____

~ **FINAL PROCESSING** ~

<i>MEMBERSHIP TYPE:</i> REGULAR / IND. GOLD KEY	<i>BALANCE:</i> \$
<i>M.O.P.:</i> CASH / CHK # _____ / OTHER: _____	<i>MEM. VERIFIED BY:</i>

KEY CARD #:	<i>SIGNATURE:</i>	<i>DATE:</i>
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SIGNATURE OF BOARD MEMBER: _____ **DATE:** _____

SIGNATURE OF SECRETARY: _____ **DATE:** _____