



2023 Membership Application

Name: _____ Address: _____

Alias: _____ City: _____

Date of Birth: _____ State: _____ Zip: _____

Home: _____ - _____ Cell: _____ - _____ Email: _____

CMSA #: _____ CMSA Class: _____ CMSA Expiration: _____

Steel Town Gunslingers Membership (check one)

- Family * \$60.00
 Active \$40.00 (18 +, shooting)
 Associate \$30.00 (under 18, shooting)
 Supporting \$25.00 (non-shooting)

Cowboy Mounted Shooting Association (CMSA) Membership (check one)

- Family * \$100.00
 Individual \$70.00
 Associate \$35.00
 Lifetime \$450.00

Total Amount Closed: \$

**Family- Those persons living under the same roof in a spousal relationship and/or their children UNDER the age of 21 who are still enrolled as a fulltime student. Please identify each member's status (Active, Associate, Supporting) below.*

Name Other Family Members (Please include Full Name, Alias, Date of Birth, CMSA#, CMSA Level, Expiration and ST-G status)

Liability Release Form

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 Cowboy Mounted Shooting Association 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.

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

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

Checks are to be made payable to: **Steel Town Gunslingers**

Mail this application with payment to Club Treasurer: **Jessica Williams** 100 Boxwood Drive, Bridgeville, PA 15017

For more information contact Club President: Karla Durnell phone:(724)-730-0878 email: kmdmudponies@yahoo.com

Date: _____	Cash: _____	Check #: _____	Amount \$: _____
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