

**Wolf Creek Gun and Bow Association**  
**P.O. Box 5707**  
**Pagosa Springs, CO 81147**  
**Email: membership@wolfcreekgunandbow.org**

<b>For Office Use Only</b>	
Pmnt Recd _____	
Review _____	
Membership # _____	
Card Sent Date _____	

Please print legibly:

**Membership Application**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

Check box if this is a Spouse application and print the name of primary member. \_\_\_\_\_

NRA Member?    Y / N

**Oath of Membership**

I certify that I am a United States citizen or I am legally in the United States and I have no outstanding criminal warrants/charges against me. I also certify that I am not a prohibited possessor of a firearm. This includes convictions of Domestic Violence or any felony. I shall also conduct myself at all times as a good citizen and exercise good sportsmanship during any club activities.

**Release and Hold Harmless Agreement**

I absolutely and unequivocally release and forever discharge the Wolf Creek Gun and Bow Association, its Officers, Board Members, Range Staff, and all ranges or other facilities used by the Wolf Creek Gun and Bow Association for activities and competitions from all liabilities, legal claims, demands, actions or right of actions, which relate to, arise, or are in any way connected to the shooting sports activities which I have voluntarily entered, for any and all injuries, damages to myself, offspring, dependents, guests, or my property.

I promise and covenant to hold harmless and indemnify Wolf Creek Gun and Bow Association, its Board of Directors, Committee Members, and Range Staff from all costs, including attorney's fees, settlements, and judgments incurred in connection with claims for injury, damage, or death to persons or property of another while participating in any shooting sports activities or other functions sponsored by the Wolf Creek Gun and Bow Association.

**By signing this document, I certify that I am at least 18 years of age. I also certify that I have read, fully understand and agree with the contents of this document and that I will be bound by its terms.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Did someone refer you?** If so, please include his/her full name. \_\_\_\_\_  
 (Any member who refers 5 or more new members in a calendar year, will receive the following year's membership for free.)

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|--|-----------------|
| <input type="checkbox"/> Membership Dues   | \$ <u>20.00</u> |
| <input type="checkbox"/> Spouse Dues (\$10.00) (Submit separate app for spouse.) | _____           |
| <input type="checkbox"/> Donation (**Please see note below.)                     | _____           |
| <b>TOTAL</b>   | <b>\$</b> _____ |

Payment Method:     Cash             Check             C.C. (On-line or in person only)

*If submitting on-line payment, please note that your membership will not be effective until your completed application is received. You will be issued a membership card once your application is approved. No refunds will be given for applications not received. You may submit the application electronically or via Postal Service at address above.*

**\*\*Note:** Wolf Creek Gun and Bow Association is operating as a 501(c)(4) organization. Contributions are NOT tax deductible.