

**White Mountain Shooter's Association, Inc.**  
**P.O. Box 3609**  
**Show Low, Arizona 85902-3609**  
**Membership Application and Release**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: (street) \_\_\_\_\_

Mailing Address: (PO Box or street) \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

NRA Membership Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Minor children's names and dates of birth:

**Individual Membership fee: \$30.00/year**

October thru December \$22.50 Pro Rated  
January thru March \$15.00 Pro Rated  
April thru June \$7.50 Pro Rated

**Family Membership fee: \$50.00/year**

October thru December \$37.50 Pro Rated  
January thru March \$25.00 Pro Rated  
April thru June \$12.50 Pro Rated

I (We) certify that I (we), nor any of my (our) family if Family application, have not been convicted of any felony nor of any offense involving domestic violence, have not been adjudicated as having any mental illness or disease, am not a habitual user of any illicit drugs or narcotics, am a United States citizen or lawfully present alien, and am not prohibited by any Federal, State or Local law from possessing or using firearms. I (we) have never advocated the violent overthrow of the United States. I (we) agree to abide by all rules governing use of ranges and facilities WMSA, Inc. may impose, and to be responsible for any damages to ranges or facilities caused by me (us) or by my (our) family. I (We) hereby release The White Mountain Shooter's Association, Inc., their lessees, directors, officers, members, employees, and agents, herein after referred to as WMSA, and any other sponsors, donators, contributors, land-owners, or participants in any activities conducted by or under supervision of WMSA at any location; from all liability which might arise out of any injury, death, loss, theft or damage which I (we) might sustain, while participating in or observing or otherwise on any premises under supervision or direction of WMSA.

I (We) further assume responsibility for all persons that may accompany me (us) as guests to any WMSA activity, facility or premises. I (We) agree to comply with all rules, regulations, directions or instructions may be given by WMSA and to assume responsibility for similar compliance by all such persons accompanying me (us). I (We) acknowledge the right of WMSA to terminate my (our) membership without refund immediately upon any failure by me (us) or by any persons accompanying me (us) to comply with all rules, regulations, directions or instructions by WMSA.

I (We) acknowledge that I (we) are aware of the hazards and risks associated with the use of firearms and being in proximity to their use in any shooting activity, including but not limited to unintentional discharge of firearms and ricochet of projectiles and resultant personal injury or death or damage to property or other loss or injury. I (We) voluntarily and freely assume all such risks. I (We) agree to indemnify and hold harmless WMSA for any act of myself (ourselves) or other persons, which could give rise to any claim against WMSA.

I (We) further state that I (we) have read and understood the forgoing Membership Application and Release and freely and voluntarily enter into it on behalf of myself (ourselves) my (our) heirs, next of kin, distributes, estate, executors or administrators.

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

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Junior Membership (fee \$15.00/year: In addition to the foregoing release incorporated herein by this reference, I certify and agree that I am the parent or legal guardian of the applicant and I consent to the applicant joining WMSA, I will be responsible for all acts or damages caused by him or her, I or another responsible adult whom I designate will supervise him or her and ensure he or she abides by all rules governing ranges and facilities operated by WMSA, and that there is no legal prohibition to his or her possession or use of firearms.**

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_