

WEST BRANCH RIFLE AND PISTOL CLUB, INC.

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in West Branch Rifle & Pistol Club Inc., a club incorporated in the state of Ohio as a non-profit organization, whose purpose is to promote the sport of shooting.

Name _____ Date _____
Street Address _____
City _____ State _____ Zip _____ - _____
Telephone: Home _____ Cell _____
Occupation _____ Birth Date _____
NRA Number _____ E-Mail _____

Sponsored by Member: Name _____

Member's Signature _____

MEMBER -- YOU CAN BE HELD RESPONSIBLE FOR THE ACTIONS OF THIS APPLICANT.

I CERTIFY THE FOLLOWING, AND UNDERSTAND THAT MY MEMBERSHIP MAY BE TERMINATED IN ACCORDANCE WITH ARTICLE III OF THE BYLAWS, FOR VIOLATION OF THESE TERMS OF MEMBERSHIP:

- *I waive claim on West Branch Rifle & Pistol Club, Inc., and its members, for any accident, injury or financial loss that may occur due to my association with the Club. I will use the facilities of West Branch Rifle & Pistol Club at my own risk.*
- *I will abide by the Rules and Regulations and Provisions of the Bylaws of West Branch Rifle & Pistol Club.*
- *I am at least 18 years of age.*
- *I am legally qualified to purchase firearms, and am able to pass the standard ATF and FBI NICS check requirements for such purchases.*
- *My membership may be terminated in accordance with Article III of the Bylaws.*
- *I am a citizen of the United States of America. I am not a member of any organization or group whose goal is the destruction of our system of government established by the Constitution of the United States of America.*
- *I pledge allegiance to the flag of the United States of America, and to the Republic for which it stands.*

Applicant's Signature

Witness (Club Official)

WEST BRANCH RIFLE & PISTOL CLUB
PO BOX 40043
BAY VILLAGE, OHIO 44140-0043