



New or Renewal Member# _____ New Expiration _____
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Membership Contract

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Email Address _____ Occupation _____

Membership	_____ Bird Buster (Outdoor Shotgun)	\$175.00/yr
(Check Type)	_____ Silver Bird Buster (Outdoor Shotgun)	\$325.00/yr
	_____ Hole Puncher (Indoor Pistol/Rifle)	\$175.00/yr
	_____ Silver Hole Puncher (Indoor Pistol/Rifle)	\$325.00/yr
	_____ Combo (Outdoor & Indoor)	\$300.00/yr
	_____ Silver Combo (Outdoor & Indoor)	\$525.00/yr
	_____ Gold Life Member (Silver Combo for Life)	\$5,000

Membership is only available to individuals over 18 years of age. **Membership benefits cover spouse and all children 21 years of age & under living at home or a full-time student (student ID required).** Membership is not assignable and is non-refundable. Membership is for 1 year, except for life membership, beginning on the date of this contract. This Contract and membership privileges will be terminated if renewal payment of fees is more than thirty (30) days past expiration date. **A \$25 discount will be given when renewed before the expiration date.**

Member assumes all danger and risk of loss, injury or damage incidental to the discharge of firearms upon the shooting facilities, whether such loss, injury or damage shall be caused by the active or passive negligence of Owner or any of its employees or agents, or otherwise, and agrees to discharge, release and hold harmless the Owner, its agents and employees from any and all claims or injuries that may arise out of, or connected with the use of the facilities.

I apply for membership in Black Wing Shooting Center. I have read, and agree, that I and all persons authorized to use the facilities under my membership shall abide at all times to the Rules and Regulations of Black Wing Shooting Center and shall fulfill the obligations of good shooting sportsmanship. **I have read and understand the Agreement and acknowledge receiving a copy of Black Wing Shooting Center's Rules and Regulations.**

Member Signature _____ **Date** _____

Spouse _____ Additional card for Spouse (Yes/No)

Children/Ages _____

BWSC Initials ____ **Paid (Yes/No)** **Card Issued (Yes/No)** **BWSC Gift (Yes/No)** **Range Passes (Yes/No/NA)** _____