PENOBSCOT PISTOL AND RIFLE CLUB MEMBER APPLICATION

Any citizen of the United States, 18 year may apply for membership. To process y requested information and signatures. M payable to "Treasurer, Penobscot Pistol P.O. Box 427, Lincoln ME, 04457. Dues a to September 30 th . Dues for first time ne \$150, January – March = \$75 /\$112.50, Your application will be brought before to the membership at the next scheduled m returned to you.	your application, com lake out a check or m and Rifle Club". Mail are \$100 (individual) w members will be p April – June = \$50.0 he Board of Directors	plete this membership app oney order for the require the completed form and p / \$150 (family) per calenda rorated depending on the 0 / \$75.00, July – October . Upon initial approval by t	lication form insuring th d dues (No cash or credi ayment to Penobscot Pis ar year. Calendar year ru month joined. October – . = \$25.00 / \$37.50. the BOD your application	at you provide all t cards accepted) tol and Rifle Club, ns from October 1 st December = \$100 / will be voted on by
	CLUB MEMBER S	PONSERING APPLICAN	п	
Name:	Phone:			
	APPLICA	NT INFORMATION		
Name:				
Date of birth:		7	Phone:	
Email:			l	
Current address:				
City:	State:		ZIP Code:	
	BACKGROU	IND INFORMATION	·	
CAN YOU LEGALLY PURCHASE / OWN F	IREARMS?		-	
DO YOU POSESS ANY TYPE OF FIREARM	1 TRAINING CREDEN	TIALS?	ISSUER CONTACT INFO BELOW	
CREDENTIAL	ISSUER			
CREDENTIAL	ISSUER	ISSUER		
CREDENTIAL	ISSUER			
	EMERG	ENCY CONTACT		
Person to contact in case of emergency:				
Address:			Phone:	
City:	State:		ZIP Code:	
Relationship:				
SPOUSE / PART	NER INFORMATIO	N IF APPLYING FOR FA	MILY MEMBERSHIP	
Name:				
Date of birth:			Phone:	
Email:				
	SPOUSE / PART	NER BACKGROUND INF	0	
CAN YOU LEGALLY PURCHASE / OWN F	IRE ARMS			
DO YOU POSESS ANY TYPE OF TRAINING CREDENTIALS?			ISSUER CONTACT INFO BELOW	
CREDENTIAL	ISSUER			
CREDENTIAL	ISSUER			
CREDENTIAL	ISSUER	ISSUER		
MINOR	CHILDREN IF APP	LYING FOR FAMILY ME	MBERSHIP	
Name:	D.O.B:	Name:	Name: D.O.B:	
Name:	D.O.B:	Name:	Name: D.O.B:	
Name:	D.O.B:	Name: D.O.B:		D.O.B:

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CONDITIONS OF MEMBERSHIP

I CERTIFY THAT I AM A CITIZEN OF GO LAW FROM OWNING, POSSESSING, OR PENOBSCOT PISTOL AND RIFLE CLUB (I AND WILL FOSTER THE SPIRT OF GOOD PARTICIPATE ACTIVELY IN THE AFFAIR DURING MY MEMBERSHIP IN THE CLUB POSSESS, OR PURCHASE A FIREARM, I	PURCHASING F PPRc) AS THEY FELLOWSHIP S OF PPRc WHE I INCURE ANY	REARMS. I AGREE TO ABIDE B IAY BE AMENDED FROM TIME T ALL TIMES AND SUPPORT TI IEVER CALLED UPON, TO THE AWFUL RESTRICTIONS OR CO	Y THE RULES AND BY-LAWS TO TIME. I WILL BE A TRUE HE OBJECTIVES OF THE CLU BEST OF MY ABILITY. IF AT NVICTIONS LIMITING MY R	of the Sportsman JB. I Agree to Any time	
Signature of applicant:			Date:		
Signature of spouse / partner:	~		Date:		
	RELEASE	ND ASSUMPTION OF RISK			
RISK OF BODILY INJURY, DEATH, OR PF NEAR THE PROPERTY OF PPRC (THE "AC DIRECTORS, EMPLOYEES, MEMBERS, OF DISCHARGE RELEASEES FROM, AND CO OR DEMANDS THEREFORE ON ACCOUNT TO ANY ACTIVITY. I INTEND MY SIGNAT GREATEST EXTENT ALLOWED BY LAW. AND ASSIGNS.I HAVE READ THE ABOVE	TIVITY"), WHE Agents (The Venant not to f of Injury to fure to be a c This "Release	HER CAUSED BY THE NEGLIGE RELEASEES") OR OTHERWISE SUE RELEASEES FOR, ANY AN MY PERSON OR PROPERTY IN DMPLETE AND UNCONDITIONA ND ASSUMPTION OF RISK"WI	ENCE OF THE PPRC, ITS OFF . I HEREBY RELEASE, WAIVE ID ALL LOSS OR DAMAGE AN ANY WAY ARISING OUT OF NL RELEASE OF ALL LIABILIT	ICERS, E, AND ND ANY CLAIM OR RELATING IY TO THE	
Signature of applicant:		Date:			
Signature of spouse / partner:			Date:		
CER	TIFICATION	F PARENT OR LEAGAL GUA	RDIAN		
I CERTIFY THAT I AM THE PARENT OR L OF AGE. I GIVE MY CONSENT FOR THE A FACILITIES AND SPONSORED EVENTS A ON THE ABOVE NAMED FAMILY MEMBER PERMITTED BY LAW FOR ALL DAMAGES, CHILDRENS CONDUCT WHILE ON CLUB	Above Named I ND Affirm And Is Behalf. I Ag Losses and I	INOR CHILDREN TO ENGAGE ACCEPT THE ABOVE -REFERE REE THAT I WILL INDEMNIFY JURIES SUFFERED BY THE CLI	IN SHOOTING SPORTS AT C NCED RELEASE AND ASSUM I'HE CLUB TO THE MAXIMUN	LUB PTION OF RISK 1 EXTENT	
Signature of applicant:			Date:		
Signature of spouse / partner:			Date:		
		PPRc USE ONLY			
Date Processed: C	neck #:	Cash Ammount:	Member #		
BOD Review Date:	Approve:		Disapprove:		
Membership Vote Date:	Approve:		Disapprove:		