

Grand Blanc Huntsman's Club, Inc. Membership Application

P.O. Box 828 Grand Blanc, MI 48480-0828 Located at 9046 Irish Rd 810-636-7261 www.gbhuntsmans.com

(Please Print Clearly)

Name _____ Birth date _____ Phone H() _____
Address _____ Phone W() _____
City _____ State _____ Zip _____
Occupation _____ Email _____
Spouse's Name _____ Children _____

Interests: Conservation Pistol Rifle Skeet Sporting Clays Trap Other _____

Skills or business connection that might benefit the club: _____

Willing to assist/participate on committees or Board of Directors? _____

Memberships: NRA (Mem # _____) ATA MSA MTA MUCC NSCA NSSA
SCA Other _____

I hereby apply for membership in the Grand Blanc Huntsman's Club, Inc. I agree to abide by the Constitution and Bylaws of the Club; by all rules set forth by the Board of Directions; by federal and state firearms, hunting, and fishing laws; and by the association rules for the sports in which I participate.

I certify that I am over 18 years of age and have read and agree with the Club's Agreement Regarding Risks (ARR). **Initials** _____

I have no criminal record, have not been convicted of a felony and am not prohibited from possessing a firearm and/or ammunition and further certify that I am not a member of any organization that includes in its program the effort to overthrow the Government of the United States of America. **Initials** _____

Applicant's Signature (Sign ARR on reverse also): _____ Date _____

Note: A new member must attend a regular meeting, or have application signed by three Board members, before the application can be submitted to the general membership and the Board of Directors for approval.

Sponsor (print): _____ Signature: _____ Date _____

Note: Sponsor must be a member of the GBHC for a minimum of six (6) months.

Membership Rates: (Membership year is **August 1 - July 31**)

Entry Fee ----- \$00.00

Membership Fee -----See Proration Schedule-----

Total Due \$ _____

(Club use only)

Amount \$ _____ **Rec'd by** _____ **Date** _____ **Cash** **Credit** **Check #** _____

Board Signatures:

X _____ X _____ X _____

Board Approval Date: _____ **Membership Number Assigned:** _____

GRAND BLANC HUNTSMAN'S CLUB, INC.

P.O. BOX 828

GRAND BLANC, MI 48480-0828

Located at 9046 Irish Road www.gbhuntsmans.com Phone: (810) 636-7261

AGREEMENT REGARDING RISKS

I apply to use and enjoy the privileges, facilities and activities on the premises of the Grand Blanc Huntsman's Club, Inc. I understand that my participation in activities such as skeet shooting, sporting clays shooting, five stand shooting, trap shooting, and rifle and pistol shooting will expose me to above normal risks. I represent that I have no mental or physical problems that will interfere with or cause risk to myself or others from participation in these activities and that I have never been convicted of a felony.

In consideration of being given the opportunity to participate in the above activities:

1. I assume and accept all risks of injury, recognizing the dangers involved in these activities.
2. I agree that I am responsible for my own safety.
3. I release and agree not to sue the Club's owner, its directors, managers, employees, agents, or anyone connected with them for any claim, damages, costs or causes of action which I have or may have in the future as the result of injuries or damages sustained or incurred while engaged in activities except if caused by their willful and wanton misconduct.
4. I agree that if the Club's owner, its directors, managers, employees, agents, or anyone connected with them are sued by anyone else, including my spouse and/or children, because of my participation in any activity, I shall indemnify the owner, directors, employees, agents, or anyone connected with them for all damages and costs.

Printed Name _____

Signature _____ Date _____

How did you hear of our club?

Club Member _____ a member previously

Previously attended and shot here _____

Radio _____

MI Outdoor News _____

Local Newspaper _____

Shooting Magazine _____

SCTP/High School _____

Charity Event _____

Chamber of Commerce _____

MSCA _____ NRA _____

NSCA _____ NSSA _____

NSSF _____

Other _____