Tuscaloosa Shooting Sports Inc.

13401 Lake Harris Road, Tuscaloosa, AL 35406 Please mail via email to: lfagen01@aol.com or USPS to P.O Box 1242, Northport, AL 35453

Membership Application

Full Name:	
Home Address:	
City County Zip:	
Email:	
Preferred Mailing Address: Home () E-mail ()	
Primary Phone: Secondary Phone:	·
Occupation:	
Employer / Workplace:	
Date of Birth:	
Concealed Carry Permit # I	
ACTIVE MEMBERSHIP IN THE NRA IS MANDATORY	-
NRA Membership Card No:	Type: Life () EPL () Annual ()
NRA Membership Expiration Date:	
NRA Certifications:RSOInstructorPistolRifleS	Shotgun Others Counselor
Useful Skills:	-
Endorsement by two TSS Members in good standing is mandator	
Signatures (1) (2)	
Print Names (1) (2)	
 An Initiation Fee of \$500 must be paid when this Application is accepted. Ann prorated based on date Membership is granted and are payable at Orientation r Provide photocopy of your Driver's License and NRA Membership Card at Or NOTE: For Membership into Tuscaloosa Shooting Sports, you are required to: 1. Be 19 years of age or older; 2. Be a member in good standing of the National Rifle Association of America 3. Be endorsed by two TSS members in good standing; 4. Satisfactorily complete an initial training session in Firearms Safety and Rat 5. Satisfactorily complete a 6-month probationary period 6. Continually meet all membership requirements established by TGC Bylaws. 	neeting. rientation ; u; nge Rules;
THE NRA PLEDGE I CERTIFY THAT I AM A CITIZEN OF GOOD REPUTE OF THE UNI MEMBER OF ANY ORGANIZATION OR GROUP HAVING AS ITS PU OVERTHROW BY FORCE AND VIOLENCE OF THE GOVERNMENT POLITICAL SUBDIVISIONS; THAT I HAVE NEVER BEEN CONVICT ADMITTED TO MEMBERSHIP I WILL FULFILL THE OBLIGATION CITIZENSHIP.	JRPOSE OR ONE OF ITS PURPOSES THE I OF THE UNITED STATES OR ANY OF ITS FED OF A CRIME OF VIOLENCE; AND THAT, IF
Lagree to abide by the NRA Pledge, TSS Bylaws, and TSS Range Rules	& Policies if accepted for membership in TSS

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APPLICANT'S SIGNATURE: _____ Date: _____

Application Date _____ / TSS Membership Officer: _____

ADDENDUM TO APPLICATION FOR MEMBERSHIP

Full Name: _____

All of the following questions must be answered with a YES or NO. The Applicant must sign this Addendum as well as the Application on the previous sheet.

1. Are you under indictment or information in any court for a crime for which the judge could imprison you for more than one year? An *information* is a formal accusation of a crime made by a prosecuting attorney.

YES NO (Please circle one response)

2. Have you ever been convicted in any court of a crime for which the judge could have imprisoned you for more than one year, even if the judge actually gave you a shorter sentence?

YES NO

3. Are you a fugitive from justice? YES NO

4. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance **YES NO**

- 5. Have you ever been adjudicated mentally defective or have you ever been committed to a mental institution? YES NO
- 6. Have you been discharged from the Armed Forces under dishonorable conditions?

YES NO

7. Are you an alien illegally in the United States of America?

YES NO

8. Have you ever renounced your United States citizenship?

YES NO

9. Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such partner? **YES NO**

10. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? This includes any misdemeanor conviction involving the use or attempted use of physical force committed on a current or former spouse, parent, or guardian of the victim or by a person with a similar relationship with the victim. **YES**

NO

11. Are you a citizen of the United States of America? **YES NO**

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT AND AGREE TO NOTIFY THE BOARD OF DIRECTORS IMMEDIATELY IF ANY ANSWER CHANGES DURING MY MEMBERSHIP. I ALSO UNDERSTAND THAT THE MAKING OF A FALSE ORAL OR WRITTEN STATEMENT IS GROUNDS FOR IMMEDIATE REVOCATION OF MEMBERSHIP IN TUSCALOOSA SHOOTING SPORTS.

APPLICANT'S SIGNATURE: _____ Date: _____ D

Application Date _____ / TSS Membership Officer: _____

RELEASE FROM LIABILITY AND ASSUMPTION OF RISK

STATE OF ALABAMA) COUNTY OF TUSCALOOSA)

THIS IS A RELEASE FROM LIABILITY AND ASSUMPTION OF RISK. In consideration for being allowed to enter the premises, and/or to view or participate in the activities, of Tuscaloosa Shooting Sports, I, the undersigned, for myself (and/or my minor child) hereby release, remise, and forever discharge and agree to defend and hold harmless and indemnify Tuscaloosa Shooting Sports, and its respective owners, officers, directors, agents, instructors, match directors, assistants, volunteers, members, employees, mortgage holders, successors, and assigns, of and from all liability, claims, demands, causes of action, and possible causes of action whatsoever, arising out of or related to any loss, damage, or injury (including death) that may be sustained by me (and/or my minor child), while in, on, en route to, from, or out of said premises from any cause whatsoever.

In signing this document, I acknowledge my understanding and appreciation of the inherent dangers and risks associated with the activities that I (and/or my minor child) will be participating in while on the premises of Tuscaloosa Shooting Sports. I am particularly cognizant of the risks and dangers associated with the use of firearms. I assume as my personal risk (and/or the personal risk of my minor child) all the hazards of shooting activities and do hereby fully and irrevocably release and forever discharge Tuscaloosa Shooting Sports, and its respective owners, officers, directors, agents, instructors, match directors, assistants, volunteers, members, employees, mortgage holders, successors, and assigns, from any and all claims, demands, actions, losses, and/or liability of an kind, nature or description that may be sustained by me (and/or my minor child).

I hereby assume as my sole personal responsibility any and all costs incurred as a result of my (and/or my minor child's) actions or in my (and/or my minor child's) behalf for rescue efforts and all medical emergencies.

In signing this document, I represent that I have read this document, understand it, and sign it voluntarily. I acknowledge that this document shall be effective and binding upon me (and/or my minor child), and my (and/or my minor child's) successors, family members, heirs and assigns. I agree that this document is signed, made effective and performed in Tuscaloosa County, Alabama, and is to be governed by Alabama Law.

PRINT NAME:	DATE:	
SIGNATURE:	WITNESS:	
	(Participant)	
SIGNATURE:	WITNESS:	
	(Guardian)	
(Parent/legal guardian must sign for perso	ns under the age of 19)	

Application Date _____ / TSS Membership Officer: _____