

# MEMBERSHIP APPLICATION

Please complete and print this application and mail it along with your check for the required amount to:  
Flagler Gun Club, P.O. Box 156, Bunnell, Florida, 32110

- Individual     Junior: (ages 10-17/Dependent: Requires adult sponsor)    Youth  
 Student (Matriculating Student – Copy of Student ID or Course Registration must accompany application)  
 Family: (Husband & wife or unmarried head of household and dependents under 18 and living at home)

All applicants/spouses will be screened for criminal record. The following information is requested for that purpose and will be held in strict confidence. By providing this information you give permission for a criminal record check. Failure to provide this information will prevent action on your application.

(CHECK ONE)

APPLICANT    MR     MRS     MS.

(CHECK ONE)

SPOUSE    MR     MRS     MS.

COMPLETE FOR INDIVIDUAL MEMBERSHIP  
PLEASE PRINT

ADDITIONAL INFORMATION IF REQUESTING FAMILY  
MEMBERSHIP PLEASE PRINT

LAST: \_\_\_\_\_  
FIRST: \_\_\_\_\_ MI \_\_\_\_\_  
ADD: \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL \_\_\_\_\_  
E-MAIL: (Req'd) \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SOCIAL SECURITY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DRIVERS LIC NO: \_\_\_\_\_ STATE \_\_\_\_\_

LAST: \_\_\_\_\_  
FIRST: \_\_\_\_\_ MI \_\_\_\_\_  
ADD: \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL \_\_\_\_\_  
E-MAIL: (Req'd) \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SOCIAL SECURITY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DRIVER'S LIC NO: \_\_\_\_\_ STATE: \_\_\_\_\_

Have you ever had a hunting or fishing license suspended or revoked?  
 Yes     No

Have you ever had a hunting or fishing license suspended or revoked?  
 Yes     No

If you answered yes to either of the above, please provide separate, written details.

If you answered yes to either of the above, please provide separate, written details.

I hereby authorize Flagler Gun Club to order a background check for the purpose of this application

\_\_\_\_\_  
APPLICANT'S FULL NAME (PLEASE PRINT)

\_\_\_\_\_  
SPOUSE'S FULL NAME (PLEASE PRINT)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

If applying for Family Membership, please list all children under 18 years of age.

PLEASE PRINT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**MEMBERSHIP DUES AND ASSESSMENT**

The initiation fee is a one-time fee. The \$1,000.00 Special Assessment is payable over the first ten years of your membership, with the first payment (\$100.00) due at time of application. Please be sure to remit the initiation fee, first assessment payment and your first year's dues with this application. If your application is rejected for any reason, all monies will be refunded. Members joining in the last quarter of the year (Oct. - Dec.) will have their dues and assessment credited to the following year. There are no other refunds or prorations! **N.R.A. membership is required.** If you are not currently a member of NRA, please enclose a separate check, payable to "NRA", for \$25.00 representing one-year's membership. Our Membership Director will file your NRA membership application for you. Upon the Club's acceptance of your application you will become a probationary member for a period of one year. Probationary members have all the rights, privileges, and responsibilities of regular members and, after successful completion of the probationary period, will become regular members. You will be provided with a copy of the Club by-laws, and a set of Range Rules and Regulations. Please review these by-laws and rules and regulations carefully.

	<b>Individual</b>	<b>Family</b>	<b>Junior/Student</b>	<b>Youth</b>
Initiation Fee <b>(One Time)</b>	150.00	165.00		
Annual Dues — yrs. 2 through 10	175.00	200.00	40.00	20.00
<b>TOTAL FIRST YEAR</b>	<b>330.25</b>	<b>372.00</b>	<b>42.80</b>	<b>21.40</b>

**N.R.A.**  
Membership Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**LIABILITY RELEASE**

I agree that for good and valuable consideration received by me, I hereby release and discharge the Flagler Sports and Conservation Association,, Inc., ("Association"), its subsidiaries, agents, servants, officers, directors and employees from any and all liability resulting from claims, demands, actions or injuries or damages as a result of negligence or misconduct on the part of a member, guest, or from third parties or the Association or caused by me, members of my family, and my guests while on the Association's property or while participating in any of the activities, programs or meetings sponsored promoted or conducted by the Association.

This release and discharge of liability shall apply to all aspects of firearm and archery use and handling as well as supervision of shooters activities.

I desire this release be construed by any Court to provide the broadest protection possible to those released.

I agree to defend, indemnify and hold harmless the Flagler Sports and Conservation Association, Inc., ("Association"), its subsidiaries, agents, servants, officers, directors and employees, from any claims made by me any of my guests or family members.

I have carefully read this release, know and understand the contents thereof and agree to all terms and conditions as set forth above.

I acknowledge receipt of and having carefully read all Rules, Regulations and By-Laws of the "Association", and amendments made from time to time. I agree to abide and be bound by said terms.

\_\_\_\_\_  
**APPLICANT'S FULL NAME (PLEASE PRINT)**

\_\_\_\_\_  
**SPOUSE'S FULL NAME (PLEASE PRINT)**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**SPOUSE'S SIGNATURE**

**RELEASE OF CLAIMS OF MINORS**

I hereby release all claims of any of my minor children. This release is given in exchange for good and valuable consideration, which I hereby acknowledge. The consideration consists of the opportunity to teach my children safe shooting habits as part of my membership in this organization. I release the Flagler Sports and Conservation Association, Inc, (Association) its affiliates, subsidiaries, agents, servants, members, officers and directors from any and all claims of any type that could be brought on behalf of my children arising from any injuries they might sustain while using the facilities, whether cause by my actions, the actions of other members, guests, or any person or entity released. I understand the Association is a not for profit entity without any paid employees, and that it provides a unique environment for its members to learn safe recreational shooting not available readily in this area. This release is to be construed to provide those released with the greatest protection permissible under Florida law. This release is valid for as long as I am a member, and shall apply to any claims made arising during my membership, even if my membership has ended when the claim is brought. This release applies to any claims of negligence against those released.

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date**