



Office Use Only:	
Membership Year	
Paid via check	Paid via PP

MEMBERSHIP FORM

Name: _____ D.O.B.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ New: Renewal:

CMSA #: _____ CMSA Class: _____ CMSA Exp. Date: _____

Family Members: (for family membership only)

Name: _____ DOB: _____ CMSA #: _____ CMSA Level: _____ CMSA Exp Date: _____

Name: _____ DOB: _____ CMSA #: _____ CMSA Level: _____ CMSA Exp Date: _____

Name: _____ DOB: _____ CMSA #: _____ CMSA Level: _____ CMSA Exp Date: _____

Membership Benefits: As a member, you will receive regular communications, match results, and notice of registration for upcoming shoots or clinics. You are entitled to vote at club meetings. You will help promote GUN SAFETY as well as enjoy being a part of a fun, family sport.

Individual Membership: *All persons wishing to participate in activities, voting and year-end awards.*

- 12 years of age and up as of January 1st \$30.00 \$ _____
- 12 & under \$20.00 \$ _____
- Associate membership (non-rider) \$20.00 \$ _____

Family Membership:

Those persons living under the same roof in a spousal relationship and/or their children under the age of 21

- Up to 4 family members \$50.00 \$ _____

Total Owed: \$ _____

Makes Checks payable to: Northeast Six Shooters or pay via PayPal (using Friends) on NESS website

For more information contact: n6s.club@gmail.com

<https://www.nesixshooters.com>

Liability Release Form

I understand that I am participating in a sport which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the Connecticut Renegades or Cowboy Mounted Shooting Association and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

I agree my likeness may appear in any club publications or advertisements.

Signature of Applicant: _____ Date: _____

Mail completed form to: Molly Slombo 234 Stockbridge Corner Road, Alton, NH 03809