

# North Whidbey Sportsmen's Association

\*\*\*\*\*

## 20 MEMBERSHIP RENEWAL

\*\*\*\*\*

**ANNUAL DUES ARE \$60.00. MEMBERSHIP RENEWALS ARE DUE BY THE MEMBERSHIP MEETING IN MARCH EACH YEAR. IF NOT PAID BY DUE DATE YOU WILL BE CONSIDERED A NEW MEMBER AND BE REQUIRED TO GO THROUGH THE NEW MEMBER PROCEDURES.**



I agree to comply with the BYLAWS and to support the objectives of the Association. I am expected to participate in club activities and to serve on at least one committee. When using Association facilities I must provide proof of membership upon request. I am fully aware and understand that I am responsible for my actions and the actions of my guests.

### Release and Waiver of Civil Claims

For the consideration of being permitted to shoot at North Whidbey Sportsmen's Association, for myself, my heirs, assigns, or other successors in interest, I do hereby release and forever discharge the North Whidbey Sportsmen's Association, trustees, officers, duly appointed officials, or volunteers from any and all liability for existing and future claims, damages, and causes of action of any nature whatsoever which I may have caused or which may injure me as a result of the acts or omissions of the North Whidbey Sportsmen's Association officers, trustees, duly appointed official, volunteers, or guest who I am accompanying or shooting event with, or the acts or omissions of any third person, or which otherwise arise as a result of my participating in any club event, and I do hereby waive any civil claims against the North Whidbey Sportsmen's Association, trustees, officers, duly appointed officials, or volunteers for personal injuries, or medical expenses or any specific damages of whatever nature, which might arise during or as a result of my participation in any club event.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

*(Please print your name and address CLEARLY)*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

COMMITTEES (please circle as many as you would like, but choose at least one)

- |         |           |         |                  |
|---------|-----------|---------|------------------|
| ARCHERY | BUILDINGS | GROUNDS | HUNTER EDUCATION |
| KITCHEN | PISTOL    | RAFFLE  | RIFLE TRAP       |

MAIL YOUR RENEWAL FORM WITH A CHECK FOR \$60 TO: NWSA  
P.O. BOX 267  
OAK HARBOR, WA 98277

\*\*\*Read and initial below\*\*\*

Include a self-addressed stamped envelope to have your new membership card mailed to you. If no SASE is included, you will have to get your membership card at the general meeting. Initials \_\_\_\_\_

FOR OFFICE USE ONLY

Dues Paid \_\_\_\_\_ Card RCV'D \_\_\_\_\_