Old Fort Parker Patriots Membership Application

Name												Date			
Alias											S	ASS #	ŧ		
Addre	ss								Pho	ne #					
CITY						State		Zip C	Code						
Email ,	Address										TSR	RA #			
	Only Annual M	embersl	nips recei	ived by Fe	ebruary	/ 28th v	will be elig	ible fo	r Clul	bs Cle	an Sho	oter	Award (Contest	:
Annual Membership Single Shooter Jan. 1 st – Dec.31 st \$40.00 July 1 st to Dec. 31 st \$25.00 Patriot Life Member															
Annual	Membership Fan	nily Jan.1	.st – Dec. 3	31 st (Spous	se, Sign	ificant (other and C	Childrer	n unde	er 18).		_			
Jan. 1s	t – Dec.31st \$55.0	0	July 1-D	ec 31 ^{st \$} 40	0.00	To	otal Membe	ership F	Paid			CI	heck	Cash	
Family	Members														
	ust read and agre permitted to parti		_	-	_	ermitte	ed to partic	ipate i	n the	OLD F	ORT P	ARKEI	R PATRIC	OTS (Clu	ıb) and
	n pledge to follow ortsman like cond			_				RT PAR	RKER F	PATRIC	OTS hig	ghest l	evel of f	irearms	safety
that I v	y certify that I am vill always follow s f the United States	such rule	s while p	-	-						-		-		_
and the OLD FO and los throug nature	ersonal represent eir representative DRT PARKER PATR ss of damage of pi h or under me. I released or disch gatherings of the	s, officer IOTS fro roperty, do cover arged, a	s, agents, m any and sustained nant and a rising by,	servants, d all liabili by me, m agree to h through o	employ ty of ev ny guest nold har or under	yees, m very kin ts or an rmless a	embers and howey of and howey of other per and indemi	d land of ever ar rson or nify said	owner ising, entity d enti	r or op includ y, havi ities ai	eratin ing bu ng or a nd per	g facil t not assert sons f	ity assoc limited t ing claim from any	iated wo bodily is or rigor claims	rith the r injury hts by, of the
in the (I may r	ny signature, I am Club. I certify that not attend Club Ev med each time I pa	t I am a I ents if I	egal adult do not ac	t of at leas	t 18 ye	ars of a	ge. (Parent	:s/guar	dians	must s	sign fo	r min	ors.) I ur	ndersta	nd that
Signat	ure									_	Date_				
Signat	cure									. [Date _				
Paymo	ent Payable To:	Old For	t Parker	Patriots											
Mail t	o: Wendy Murp	hy, 532	Dale Dr.	Robinso	n Tx. 7	6706									
EMERGENCY CONTACT: RELATIONPHONE															