



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

COWBOY MOUNTED SHOOTING CLUB MEMBERSHIP FORM

Name: _____ **D.O.B.:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Email: _____
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: _____
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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. **For more information contact: Thomas Beckman 860-960-4862 or CTRenegadesCMSA@gmail.com**

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

- 12 years of age and up as of January 1st \$25.00 \$ _____
- 11 & under \$20.00 \$ _____
- Associate membership (non-rider) \$10.00 \$ _____

Family Membership:

Those persons living under the same roof in a spousal relationship and/or their children under the age of 18

- Up to 4 family members \$30.00 \$ _____
- Add \$10 each additional child over 4 total members \$10x \$ _____

Total Owed: \$ _____

Makes Checks payable to: CT Renegades or pay via PayPal (using Friends) on CTR website

<https://www.ctrenegades.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.

Signature of Applicant: _____ Date: _____

If form not completed online mail to: Heather Hicks, 9 Brookview Dr Southwick, MA 01077