



Paid via Check Paid via Cash

COWBOY MOUNTED SHOOTING CLUB MEMBERSHIP FORM

Name: _____ D.O.B.: _____

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

Email: _____ Home # () _____ Cell # () _____

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

Emergency Contact Name: _____ Phone # () _____

Family Members: (For Family Membership ONLY)

Name: _____ Relation: _____ DOB: _____

CMSA#: _____ CMSA Level: _____ CMSA Exp. Date: _____ CMSA N/A: _____

Name: _____ Relation: _____ DOB: _____

CMSA#: _____ CMSA Level: _____ CMSA Exp. Date: _____ CMSA N/A: _____

Name: _____ Relation: _____ DOB: _____

CMSA#: _____ CMSA Level: _____ CMSA Exp. Date: _____ CMSA N/A: _____

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.

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

Individual Membership Options			Family Membership Options		
Selection (x)	Description	Cost (\$)	Selection (x)	Description	Cost (\$)
—	12 years of age and up as of January 1st	25.00	—	Up to 4 family members	30.00
—	11 & under	20.00	—	Add \$10 each additional child over 4 total members	10.00 x _____
—	Associate membership (non-rider)	10.00			
Total Owed: \$ _____					

Makes Checks payable to: CT Renegades Mail Form and Check to: Andrea Galuska 205 W. Granby Rd. Granby, CT 06035

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. For members under the age of 18, a parent/guardian signature is required.

Signature of Applicant: _____ Parent/Guardian Signature: _____

Date: _____

Revised 1-11-2026