Membership Application
The Original Pennsylvania 1000 Yard Benchrest Club, Inc.

Any citizen of the United States 18 years of age or older may become a member of this club upon vote by the Board of Directors after subscribing to the pledge below and upon payment of the Membership Dues.

Membership Type: (check one)

New Member	$60.00 ☐	Information Change	☐		
Individual	$60.00 ☐	NRA Member?	Yes ☐	No	☐
Family Membership	$70.00 ☐				
Life Membership	$600.00 ☐				

Name of Member: _____Date of Birth: _____Occupation_____

Street Address: _____City_____State_____Zip_____

Phone_____Email_____

*********IMPORTANT!!!!!**** CELL PHONE #_____*****IMPORTANT!!!!*******

Fill out this section for other family members. Submit an additional form for each competing family member.

Family Member_____Date of Birth: _____ Family Member_____ Date of Birth: _____

ROTATION REQUEST

NOTE PLEASE, only request a rotation if you plan on shooting or paying to shoot in at least 6 matches!

Light Gun Class			Heavy Gun Class		
Rotation	YES	NO	Rotation	YES	NO

Enclosed find annual dues in the amount of $_____For year_____

I certify that I am a citizen of good repute of the United States of America, that I am not a member of any organization or group having as its purpose or one of its purposes the overthrow by force or violence of the Government of the United States of America or any of its political subdivisions; that I have never been convicted of a crime of violence, and that if admitted to membership after the probationary period, I will fulfill the obligations of good sportsmanship and good citizenship. I fully understand that there are certain dangers and risks associated with the facilities and activities of this club and I fully assume the risks and dangers involved. I waive, release, covenant not to sue, and agree to indemnify and hold harmless the organization from any claims, actions, suits, costs, expenses, damages or liabilities, including attorney's fees for personal injury, property damage, accidents, illnesses, death or any incidental damage that may arise from my use of the facilities or from my participation in or observation of the activities. I assume these risks for me and/or for my minor child of my own free will. I acknowledge that I intend by my signature that this be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature_____ Date_____

Complete and mail to:

Original Pa. 1000 Yard Benchrest Club, Inc.
PO Box 218
Allenwood, PA 17810