



LAKE BAILEE

**RECREATIONAL PARK
AND GUN RANGE**

MEMBERSHIP APPLICATION

Name: _____ Birth date _____

Address: _____

Phone: _____ Drivers Lic. # _____

Email Address: _____

Membership Type: Family Individual

Have you ever been convicted of Domestic violence? Yes ___ No ___

Have you ever been adjudicated as mentally incompetent? Yes ___ No ___

Are you drug dependent, in danger of being drug dependent? Yes ___ No ___

Are you a chronic alcoholic? Yes ___ No ___

Referred By: _____

As a member of Lake Bailee Recreational Park and Gun Range, you are required to be of good character and Moral values.

YOU ARE REQUIRED TO PRACTICE GUN SAFETY AT ALL TIMES .

(A violation of this rule will result in immediate forfeiture of your membership).

I am signing this document at my own freewill and understand and agree with the following. I agree and understand that I am responsible for my ammunition from time of purchase till the time it has been spent and has landed. I also agree that as a Gun Club member I have a vested interest and as a vested member I cannot sue or try to sue the Club/ members/ sponsors/ owners or anyone or thing associated with Lake Bailee Recreational Park L.L.C. I am here AT MY OWN RISK and I am responsible for the proper operation and safety of my firearm at all times. This waiver includes injury and is not limited to death.

Signature _____ Date: _____

Staff Member _____

Date Paid: _____ Amount Paid \$ _____

OFFICE USE ONLY: Approved By _____ Seniority Date _____

Card Issued By: _____ Date Card Issued: _____