



LAKE BAILEE

**RECREATIONAL PARK
AND GUN RANGE**

Private

MEMBERSHIP APPLICATION

Name: _____ Birth date _____

Address: _____

Phone: _____ Drivers Lic. # _____

Email Address: _____

License plate # _____

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: _____

Payment Method: Yearly Monthly*

* by signing below, I agree to automatic payment withdrawals in the amount of \$23.99

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: _____