

Bishop Gun Club

Membership Application

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Email: _____

Phone: _____

By my signature below, I hereby certify that all statements made on this form are true and I hereby authorize appropriate officers of the BISHOP GUN CLUB or their designees to verify the information contained on this form. I acknowledge that I have read and understand the General Range Rules, Club Rules, Range Safety Rules of the BGC and that I will fully comply with these rules and any future rules that the club may create. I agree that any misstatements of material facts on this form or any violation of rules may result in revocation of my membership. I further understand and agree that use of this facility is entirely at my own risk, that I assume all risk and danger incidental to any activity conducted on Club property. These risks include but are not limited to errant or misguided objects of competition or Acts of God. I hereby release the Bishop Gun Club, participants, property owners, and all agents thereof from any and all liability that may occur while I am at this range. I understand that I am responsible for my personal safety, the safety of my family and the safety of my guests. I further agree to pay for any and all damages caused by me, my family, my guests, my firearms, my ammunition or my vehicle.

Signature _____ Date _____

Dues: \$40 per household per calendar year or any part thereof.

Return this application with a check payable to:

Bishop Gun Club
P.O. Box 226
Bishop, CA 93515-0226