



MEMBERSHIP REGISTRATION

Date: ____/____/____

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Alt: (____) _____

Date of Birth: ____/____/____ Age: _____ Sex: Male / Female

Email: _____

Provo Gun Club will send an email reminder when your annual membership is due for renewal. Provo Gun Club will also occasionally send member specific information and announcements via email including but not limited to, members only shooting events, member meetings, annual Board of Directors electronic nomination forms and annual Board of Directors electronic ballots. Provo Gun Club may also send general announcements. Recipients may opt out at any time by clicking the link located at the bottom of each email. Our Privacy Policy can be found on our website at www.myprovogunclub.com.

- ☐ **No, thanks.** I do not wish to receive annual membership renewal emails.
- ☐ **No, thanks.** I do not wish to receive member specific announcement, events, ballots, etc online
- ☐ **No, thanks.** I do not wish to receive general Provo Gun Club email communications.

Emergency Contact: _____ Relationship: _____

Address: _____

Phone: (____) _____ Alt: (____) _____

Your spouse and children under age 18 are invited to participate in general activities for member prices while you are present with them at the club. **Please list family members on reverse.**

Your membership is valid for 12 months. You are invited to renew your membership for an additional 12 months at the end of each membership cycle.

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF SIGNING THIS AGREEMENT

(Parent or Guardian complete this section)

Parent/Guardian: _____ Relationship: _____

Phone: (____) _____ Alt: (____) _____

Email: _____

This is to certify that I, as parent/guardian of this participant, do consent and agree to his/her indemnification, release and hold harmless as provided on the Risk Release and Indemnity Agreement of all releases, and I, for myself and behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Releasees from any and all claims incident to my child's involvement in these programs EVEN IF ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by the law.

Parent/Guardian name (Print)

Signature

Date

OFFICE USE ONLY

Date Processed: ____/____/____ Membership No. _____

____ Risk Release Rcvd ____ Payment Rcvd ____ 21 Years Old or Gun Safety/Hunters Ed. _____ Directors Initials

Family Members

Please list family members to include on this membership:

Name: _____ Age: ____ Birthdate: ____/____/____ Relation: _____

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Name: _____ Age: ____ Birthdate: ____/____/____ Relation: _____

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