

WILLISTON SHOOTERS CLUB INCORPORATED

P. O. Box 1063, Williston, Florida 32696

www.willistonshootersclub.com

email address: membership@willistonshootersclub.com

Application for Membership

(Please print or type)

Name: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____/_____

(City) (State) (Zip)

Work Phone: _____/_____

Mailing address: _____

Cell Phone: _____/_____

(City) (State) (Zip)

E-Mail: _____

Occupation: _____

WSC requires membership in the National Rifle Association. NRA Membership # _____ Exp. Date _____

How referred to WSC? _____ Shooting Interests: _____

Are you a Certified Firearms Instructor? Y / N (Circle one)

Certifying Authority _____ Discipline _____

Are you a Certified Range Officer? Y / N (Circle one)

I certify that I am not a member of any organization or group having as its purpose to overthrow by force or violence, the Government of the United States or any of its political subdivisions; that I can lawfully own, possess or control and use a firearm; and that if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship.

The purposes of this organization include the encouragement of shooting sports with a better knowledge of the safe handling and care of firearms; the development of good marksmanship; the development of those characteristics of honesty, good fellowship, self-discipline, team play and self reliance. Safety is the foremost consideration for all members of WSC, and any member who violates any rules of safe firearm handling, refuse to obey the commands of the Range Officer, violate any rules of good sportsmanship or good citizenship is subject to immediate expulsion.

The following requirements must be met: 1) All applicants must attend an orientation and safety class. 2) Must attend three monthly WSC club meetings, not including the meeting of induction into the club. 3) Must attend one work day. 4) Must participate in one pistol match of your choice. 5) Must participate in one rifle match. If you do not have a firearm for any of these required matches, one will be provided and technical assistance will be available. 6) Must attend 3 additional shooting events of your choice. The Membership Requirement Checklist must be completed. **(If you have a conflicting work schedule, please advise a WSC Officer upon submitting the application.)**

This application is subject to acceptance by the Membership Committee which reserves the right in its sole discretion to accept or reject any application or renewal of membership. Your Membership Card must be displayed on your person at all times when you are at the range, whether participating or acting as a coach, instructor, range personnel or simply a spectator.

Annual Dues are \$50.00, prorated to \$25.00 after September. First time members must pay a \$40.00 assessment fee, in addition to the dues.

I have read, fully understand and agree with the above and certify that I am over eighteen (18) years of age.

Signed: _____
(Applicant)

Date: _____

WSC Use only:

Received by: _____
(WSC Executive Officer)

Date: _____