

# ARIZONA HISTORICAL SHOOTIST ASSOCIATION

## a.k.a Los Vaqueros MEMBERSHIP APPLICATION



I understand that in order to participate in the activities of this club, the **Arizona Historical Shootist Association, Inc.**, that I must be a member. By signing and dating this form I acknowledge this requirement and agree to abide by all the same rules that apply to all members of this club.

Upon payment of the fee, I become a daily, event or yearly member of this club which will terminate at the end of the calendar year. During this time I am granted all the same rights and privileges that any other member in this club is granted, with the exception of voting right.

I understand that during the time that I am participating on or in, under the arrangement of the Arizona Historical Shootists Association Inc. and its agents, that certain risks and dangers may arise, including but not limited to accidental injury, the forces of nature, accident and illness. In consideration of the right to participate in such outings and services provided for me AHSA, INC. and its agents, I have and do hereby assume all the risks associated with such outings.

I also agree to abide by the following safety rules:

1. No participant will consume alcohol while the match is in progress.
2. No alcohol in the shooting area.
3. No loaded guns except on the firing line or the designated loading area.
4. All guns will be loaded only in the designated loading area.
5. No dropped ammo may be retrieved by a participant during a stage.
6. Safety glasses must be worn at all times while shooting or in the range area.
7. Hearing protection is highly recommended.

Membership Type (Select one)

Day  Event  Annual  I wish to be contacted via Email about future events

**NAME** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **NRA#** \_\_\_\_\_ **E mail** \_\_\_\_\_

**Alias** \_\_\_\_\_ **SASS #** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_