APPLICATION FOR MEMBERSHIP

(*NASF Use Only*)
Effective Month/Year:_____

Member Number (if known): _____ **Expiration Month/Year:**_____

Circle Type of Membership: Family Individual New Renewal **NRA Member**

First Name: _____ **MI:** _____ **Last Name:** _____ **Y N**

First Name: _____ **MI:** _____ **Last Name:** _____ **Y N**

Family Membership: ***Two Adults & Their Children*** ***Ages 8 – 17 Only.*** ********** ***Individual Membership:*** ***Adults Of Age 18 and Above.*** ***Age 7 And Under – Not Permitted On Range.***	**Name:** _____ **DOB** ___/___/___ **Name:** _____ **DOB** ___/___/___ **Name:** _____ **DOB** ___/___/___ **Name:** _____ **DOB** ___/___/___

(Please Print Legibly)

Complete Mailing Address:_____ **Apt.**_____**City:** _____

State:_____ **Zip:**_____**Phone(s):** _____

E-Mail Address: _____ **Will not be given out, but is our primary method of communicating with you.**

Would you like to volunteer at the range? _____ **Yes** _____ **No**

I/we certify I/we am/are not a member of any organization or group having as its purpose, or one of its purposes, the overthrow by force and violence of the government of the United States or any of the political subdivisions thereof: that I/we have never been convicted of a crime of violence: and if admitted to membership, I/we will fulfill the obligations of good sportsmanship and good citizenship and will abide by all the rules and By-laws of Northern Arizona Shooting Foundation, Inc. (NASF).

Membership Annual Fees

Individual	**$50.00**
Family	**$75.00**
Range Fund Donation	**$ ____**

Payment of fees to NASF by cash, check or credit card (Visa, Master Card, American Express or Discover accepted).

Card Type & No. _____

Exp. Date: ____/____ **CVC:** _____ **Amt: $** _____

Card Holder Signature:_____

ALL ADULTS MUST SIGN THE ATTACHED WAIVER OF LIABILITY RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Send Completed Application With Payment To: NASF, PO BOX 2205, FLAGSTAFF, AZ 86003

WAIVER OF LIABILITY RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I/we,_____ _____, wish to engage in firearms shooting
Print 1st Adult Print 2nd Adult
at Northern Arizona Shooting Range.

I/we understand that engaging in these activities may be hazardous, with accompanying risks of personal injury, death and/or loss or damage to my/our property. In consideration of my participation in such shooting activities, I/we, on my/our own behalf and that of my heirs, successors, representatives, administrators and assigns, hereby:

1. **Waive and completely release any and all past, present or future claims, causes of action, suits, rights, damages, costs, expenses or obligations or demands of any kind whatsoever I/we, or anyone on my/our behalf might have against Northern Arizona Shooting Foundation, Inc., its parent, affiliates, subsidiaries or successors and their respective officers, directors, servants, employees, agents, representatives and contractors (together "NASF"), for any loss, damage, personal injury, death, infectious disease (including but not limited to COVID-19) and/or loss or damage to my/our property resulting from my/our participation in such shooting activities;**
2. **Agree to indemnify, defend and hold harmless NASF from any and all claims by any person, firm, corporation or others, for any damages, loss or claims, of any nature, arising in any way out of my/our participation in such shooting activities; and**
3. **Assume all risks associated with such activities and all responsibility for medical expenses, costs and/or other obligations and other losses or injuries to me/us or in which I/we may become involved, by reason of my/our participation in such shooting activities at the aforementioned facility or event.**

I/we further certify that I/we are eighteen (18) years of age or older and have read and understand this Waiver of Liability and have executed this instrument voluntarily on this date.

SIGNED THIS_____DAY OF_____, 20____

_____ _____
Signature of 1st Adult Signature of 2nd Adult

MY COMMITMENT TO SAFE GUN HANDLING

I/we acknowledge that I/we am/are familiar with the basic rules of firearm safety and that those basic rules have been explained to me/us. I/we agree to follow all of the basic rules of firearm safety at all times during my/our use and handling of any firearms.

The safe use of firearms dictates that I/we understand and agree to follow all of these instructions:

- **I WILL TREAT EVERY FIREARM AS IF IT WERE LOADED.**
- **I WILL ALWAYS KEEP THE FIREARM POINTED IN A SAFE DIRECTION.**
- **I WILL NOT PLACE MY FINGER ON THE TRIGGER OR IN THE TRIGGER GUARD UNLESS AND UNTIL I AM READY TO FIRE.**
- **I WILL ALWAYS WEAR APPROPRIATE EYE AND EAR PROTECTION.**
- **I WILL NEVER USE ALCOHOL OR DRUGS AT ANY RANGE.**
- **I WILL ALWAYS FOLLOW THE COMMANDS OF THE RANGE OFFICER.**

I/we understand these basic rules of firearm safety and I/we agree to follow them at all times. Initial(s): _____, _____

Form Effective 5-1-2026