Please sign the back.

WILMINGTON TRAPSHOOTING ASSOCIATION APPLICATION FOR ANNUAL MEMBERSHIP

(Annual Membership: January 1st to December 31st)

Members must be 18 years old or older.

Complete this application (front and back) and send with \$70.00 (Annual Dues) check to:

WTA, PO Box 9203, Newark DE, 19714.

Your Member's Decal (see below) may be picked up at the club.

Benefits of Membership in WTA

- Dues support WTA's trapshooting facilities and activities.
- A WTA Decal (the first time you join).
- Members are entitled to attend the Spring League Picnic.
- Members are entitled to a \$200 discount on practice rounds of trap and skeet.

NEW ANNUAL MEMBER	ANNUAL RENEWAL
NAME	
ADDRESS	
CITY	STATEZIP
TELEPHONE	SEX M F
DATE OF BIRTH	EMAIL ADDRESS
Signature of Applicant	Date
	Vilmington Trapshooting Association, is personally acquainted with the concompleting this application and do hereby propose him/her for
Life Member - WTA	Life Member - WTA

Any irregularity of procedure in the issuance of any membership shall be grounds for terminating and revoking said membership.

Please read and sign on the back (required).

Acknowledgement of Risk, Release of Liability, and **Assumption of Personal Responsibility** For Use of Firearm

The Wilmington Trapshoo	ting Association (WTA)	
I, understand that Association (here after, WTA) as a shooter, spect exposed to above-normal risks. These may include discharging of a firearm during practice or compet possibility of being injured due to firearm malfunction accidents while at practice or competition. I will for officials and/or shooting range staff to minimize the	de, but are not limited to: accidental ition possibly resulting in bodily harm; the on; being injured due to any unforeseeable illow the instructions of WTA officers,	
I understand, too, that although WTA; its Board of officers, members, employees and agents have tall and qualified supervision, it is impossible for WTA understand that I share the responsibility for safety and I assume that responsibility. In the event I am limited to an accident or negligence involving myst WTA; its Board of Trustees, collectively and individuagents will not be held liable.	ken precautions to provide proper equipment to guarantee absolute safety. In addition, I y during activities where firearms are present, injured for any reason including but not elf, or any individual, I agree that	
In addition, if I, while shooting at Wilmington Trap person's firearm, I understand that I am responsib to another while using that firearm.	· ·	
I certify that I am under no legal (city, county, state, or federal) restrictions from possessing and / or using a firearm.		
I believe that I have no physical or psychological p participation in any activity at WTA he activity, and mental condition. I agree to comply I will follow the and/or shooting range staff.	believe myself to be in good physical and	
I have carefully read the following Shooting Range Rules established for safe use of the range at Wilmington Trap Association, and any firearms used on the range, and agree to abide by them.		
Shooting Range Rules - C	Courtesy of the NRA	
Always point gun in safe direction Always keep your finger off the trigger until time to shoot. Always keep the gun unloaded until ready to fire. Know your target and what is beyond it.	Handle your gun safely. Be sure gun is safe to operate and use correct ammunition. Wear eye and ear protection. Never us alcohol or drugs before handling a firearm. Do not leave guns unattended.	

Date

Signature