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 \$80.00 (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	
	f Wilmington Trapshooting Association, is personally acquain rson completing this application and do hereby propose him/l	
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).

The Soal is one day per weekend.

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

The Wilmington Trapshooting Association (WTA)

The Willington Trapsiloo	ding Association (WTA)		
I, understand that while at The Wilmington Trapshooting Association (here after, WTA) as a shooter, spectator, volunteer or paid worker, I may be exposed to above-normal risks. These may include, but are not limited to: accidental discharging of a firearm during practice or competition possibly resulting in bodily harm; the possibility of being injured due to firearm malfunction; being injured due to any unforeseeable accidents while at practice or competition. I will follow the instructions of WTA officers, officials and/or shooting range staff to minimize those risks.			
I understand, too, that although WTA; its Board of Trustees, collectively and individually; its officers, members, employees and agents have taken precautions to provide proper equipment and qualified supervision, it is impossible for WTA to guarantee absolute safety. In addition, I understand that I share the responsibility for safety during activities where firearms are present, and I assume that responsibility. In the event I am injured for any reason including but not limited to an accident or negligence involving myself, or any individual, I agree that WTA; its Board of Trustees, collectively and individually; its officers, members, employees and agents will not be held liable.			
In addition, if I, while shooting at Wilmington Trapshooting Association use my own or another person's firearm, I understand that I am responsible for any incident causing harm to myself or 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 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 - Courtesy of the NRA			
Always point gun in safe direction	Handle your gun safely.		
Always keep your finger off the trigger until time to shoot.	Be sure gun is safe to operate and use correct ammunition.		
Always keep the gun unloaded until ready to fire.	Wear eye and ear protection.		
Know your target and what is beyond it.	Never us alcohol or drugs before handling a firearm. Do not leave guns unattended.		

Date

Signature