



LPRGC Membership Application / Guest Pass Certification Form

2857 Egypt Road, PO Box 7070, Audubon, PA 19407. Phone 610-666-7460, 610-666-9934

Email: lprgc@lprgc.org, Web site www.lprgc.org

NOTE Signature below is mandatory. All applicants must be accompanied by a Sponsor at the time of application. Applications for membership will be accepted only at the General Meeting (first Tuesday of the month). Please present yourself at the Club Office by 7PM. Applications will not be accepted by mail. Please be prepared to show your Driver License or another form of picture I.D. at the time of application. (DO NOT DATE THIS APPLICATION UNTIL SUBMITTED!)

Member #: _____ Check # _____ \$ _____ Cash

Name: _____ Drivers License # _____ / _____

Address: _____ Phone # Home: _____

City, St Zip: _____, _____ Work / Cell: _____

Are you a NRA Member () yes # _____ () No Birthday: _____ / _____ / _____

Occupation: _____ email: _____

Interests: () Archery () Pistol () Rifle () Trap () Muzzleloading

Best way to contact me is: () Phone () Email () Day () Evening

How did you hear about us? _____

Your acceptance as a member of the LPRGC is contingent upon: 1 - Being sponsored by a Senior Member in good standing. 2 - Attend 2 general meetings. 3 - Attend orientation meeting. 4 - Perform 4 hours of work for the good of the club and (one 4hr work party for the next 3 years). 5 - Complete all within 90 days of sign up.

A \$ 40.00 charge for all returned checks. No refunds for non completion of new provisional membership.

GUEST PASS CERTIFICATION

In consideration of the granting to me of a **Guest Pass**, I hereby agree to pay the additional fee specified for such pass as may be assessed by the Club from time to time. I further hereby agree that I shall procure the full execution by each guest who joins me in the use of Club premises, of the **INDEMNIFICATION, HOLD HARMLESS, DEFENSE, WAIVER, RELEASE AND ASSUMPTION OF THE RISK AGREEMENT** form which the Club shall provide for such purpose, and deposit the same, at the place designated by the Club from time to time. I hereby acknowledge that I am aware and understand that **no insurance coverage and legal defense is provided by the Club for damages caused by the negligent and/or intentional acts of such guests, and failure to execute and deposit the fully the required form operates as a revocation of the Guest Pass for such non-complying guest.**

Signature for Senior Membership / Guest Pass Application

Date: _____

X

Your signature certifies that you have read and understand all rules that must be completed within 90 days of this application. Failure to sign will DELAY YOUR APPLICATION.....

This section must be filled in by the sponsor: How long have you known the applicant _____. How do you know this applicant _____.

Sponsor name (print) _____ Sponsor's ID # _____