

**West Yellowstone Shooting Sports Association
P.O. Box 1145, West Yellowstone, MT 59758**

Website: www.wyssa.club
Email: wysaclub@gmail.com
Facebook: www.facebook.com/YellowstoneShooting

**Membership Application
(Please complete all 3 pages and PRINT LEGIBLY!)**

Name(s): _____
Mailing Address: _____
City/State/Zip: _____
Phone Number: _____
Email: _____

Application Fee: \$10 (New members only) _____
Type of Membership: Individual (\$30) ___ Family (\$40) ___
Gate card deposit (refunded when card is returned): \$10 ___
Total Enclosed: _____

I plan to renew my membership next year (Y, N) _____
I prefer renewal invoices and correspondence by (check one):
Email ___ USPS ___

Special Interests: Archery ___ Trap ___ Rifle ___ Handgun ___
I am willing to volunteer at the range in the following capacities:
___ Help with public shooting days
___ Range maintenance/cleanup
___ Range development projects
___ Other (Please elaborate)

How did you hear about us?
Member ___ Website ___ Facebook ___ Printed ad ___

Membership Application (continued)

WAIVER & RELEASE:

In consideration for my being permitted to participate in the activities of the West Yellowstone Shooting Sports Association (WYSSA) shooting facility, and the use of the property and facilities, I agree to the following waiver & release:

I acknowledge the risk of handling firearms and being near others that have firearms in their possession. I understand that these activities may require a degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. I am voluntarily using the services of the WYSSA with full knowledge of the inherent risks, hazards and dangers involved and hereby assume and accept any and all risks of injury, paralysis or death. I agree that the statements above and all associated rules apply to all individuals using the facilities as allowed by my membership. I have read, understand and acknowledge the provisions of the accompanying WYSSA Membership Agreement.

Signature: _____

Print Name: _____

Date: _____

Membership processed by: _____

WEST YELLOWSTONE SHOOTING SPORTS ASSOCIATION

MEMBERSHIP AGREEMENT

Membership in the West Yellowstone Shooting Sports Association (WYSSA) is conditional on adherence to general rules as specified in the Special Use Permit from the United States Forest Service (USFS), rules specified in the Bylaws of the WYSSA, and the range safety rules provided with this agreement. The WYSSA range is located in bear habitat and all care must be exercised to prevent attracting bears to the range area or to cause harm to bears. Violations of this nature are cause for revocation of our Permit and loss of the range. In addition, all members have a responsibility to assist with the upkeep of the facilities. All maintenance and repair is done on a volunteer basis. We do not have a paid maintenance staff.

Everyone is expected to pick up their trash (and anything else left on the range), take down targets when done shooting and take what you brought with you when you leave. IF YOU BREAK IT, FIX IT AND NOTIFY WYSSA OFFICERS OF ANY PROBLEMS BY EMAIL OR OTHERWISE NOTIFY CLUB OFFICERS.

MEMBERSHIP PRIVILEGES:

- Individual membership provides access to the individual named on the membership card.
- Family membership provides access to the individual named on the membership card and also to said member's **dependent** family members.
- Non-members may only use the range (\$5 non member fee per day) while accompanied by a WYSSA member or during scheduled public shooting activities.
- Use of the range is allowed during daylight hours between May 1 and November 30 depending on road conditions and Forest Service closures. The range may be closed for special events.

AGREEMENT AND ACKNOWLEDGEMENT:

I acknowledge receipt of a copy of the range rules and I agree that I and any person present on the range pursuant to my membership must comply with ALL of these rules and any other rules posted at the WYSSA range. Failure to comply with said rules will result in the revocation of membership privileges for a minimum of one year and will require a new application for membership approved by the WYSSA Board of Directors.

Signed _____

Print Name _____

Date _____