



# Stillwater Firearms Association

P. O. Box 665  
Fallon, NV 89407

[www.stillwaterfirearms.org](http://www.stillwaterfirearms.org)

2021

## Membership Application

(please print clearly)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

\*\*\*\*\*

Membership: January 1 Through December 31 with NO Prorating

### DUES

- |                          |                |          |  |
|--------------------------|----------------|----------|--|
| <input type="checkbox"/> | Life Member    | \$525.00 |  |
| <input type="checkbox"/> | Regular Member | \$35.00  | Over 18 years of age, voting member, newsletter  |
| <input type="checkbox"/> | Junior Member  | \$10.00  | Under 18 years of age, non-voting, no newsletter |

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Stillwater Firearms Association (SFA) is dedicated to promoting public interest and skill in the safe use of firearms, providing proper training and education in the use of firearms, promoting public interest and skill in the sport of target shooting, and promoting healthy and social recreation for its' members and the public. Members agree to abide by all posted firearms safety guidelines and in their absence, to abide by accepted principles of safe firearms handling as published by the National Rifle Association (NRA).

As lawful consideration for having been admitted to SFA and permitted by SFA to use its facilities, I hereby agree that I, my heirs, distributes, guardians, legal representatives and assigns WILL NOT SUE, make a claim against, attach property of, nor prosecute SFA, the range property owner, or any of its/their officers, sponsors, owners, partners, employees, or affiliated organizations for injury or damage resulting from the negligence or other acts, whatever caused by any officer, owner, partner, employee, agent, or contractor of SFA, or the shooting range property owner.

I acknowledge understanding and accept the above principles and conditions as a prerequisite of membership in the SFA. I also acknowledge violation of these conditions and principles may result in revocation of membership in accordance with SFA bylaws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

#### INTERNAL USE ONLY

Amount of Dues Received:	_____
Membership Card Prepared:	_____
Added to Roster:	_____
Added to Newsletter Distro:	_____
Mailed Range Rules & Map	_____