



P.O. Box 1606

Bend, OR 97709

MEMBER # _____ SWIPE # _____

GATE _____ QB _____ INV _____

PMT METHOD _____ RENEWAL MONTH _____

CARD MAILED or PICKED UP _____

COSSA REACTIVATION REQUEST

Membership Level:

Individual \$150 _____

Family membership includes member, spouse/significant other and children under 17. All must be in the same household.

Family \$190 _____

Member Name _____ Date of Birth _____ E-mail _____

Spouse/Partner Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ NRA Number _____ Member ID _____

Do you still have your gate card? _____ Do you have a COSSA picture ID? _____ If not, you will need to provide a picture to membership or arrange to have a picture taken.

Orientation:

In person orientation may be required at COSSA's discretion. The online orientation refresher is required every two years.

Liability Release:

I acknowledge that I am aware of the potential hazards and risks inherent in the use of firearms and/or physical proximity to any shooting facility. I understand that these risks include, but are not limited to, injury from accidental discharge of firearms, ricochets, defective firearms, and ammunition, flying fragments and excessive noise and that such injury may include property damage, serious personal injury and/or death. I voluntarily and freely assume all risks involved in shooting and/or being in physical proximity to the shooting facility. I agree to release Central Oregon Shooting Sports Association, and its officers, agents, instructors, match officials and coordinators from all claims for property damage, injury, or death, even if caused by negligence. The only claims not released are those based upon intentional misconduct. I acknowledge that I have received, read, understand, and agree to abide by COSSA's *Safety Manual* and *Policy Manual*. I acknowledge the right of any COSSA official(s) to terminate my participation immediately upon failure by me or any of my guests to comply fully with all the rules, regulations, and official(s) instructions. Submitting this application for membership indicates an agreement to all the above terms.

Applicant Signature _____ Date _____

Spouse/Partner Signature _____ Date _____