

Corpus Christi Gun Club
P.O. Box 271885
Corpus Christi, Texas 78427
Phone No. 361-852-1212

MEMBERSHIP RENEWAL AGREEMENT
Dues are due January 1st each year, dues are \$164.00 for 2019

Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

E-mail _____

As a condition of the annual renewal of membership, members agree to follow all rules and bylaws of the club. Minors 18 years of age and under must be accompanied by an adult member or under 4-H supervision. I understand I must have my current membership card with me when I enter the property. I will enter and exit using my electronic gate card only. I understand that entering the property with an expired membership is trespassing unless I am the guest of and in the company of a current member.

I agree to and understand that all persons entering the club premises assume all risks of personal injury and loss or damage to property, and thereby waives any right to file any claim or suit against the club. In no event or circumstance shall the Corpus Christi Gun Club, Inc. have any responsibility or liability for injury to persons and loss or damage to property. It is only prudent for all persons participating in shootings sports to carry adequate public liability insurance, and each person using these facilities is urged to secure such coverage. Each person entering the premises of the club thereby indemnifies and holds the club and its officers harmless from and against any claims, action, or suits resulting from such person's presence upon the premises or use of club facilities. I am required to have each of my guests stop at the office to sign a waiver (at least one time per year for repeat guest). I agree to enforce all club rules with my guest and I am responsible for the actions of my guest. By signing below I agree to these terms and conditions. Each time I enter the property I am agreeing to the above in full. **I declare that I am 18 years of age or over, can legally own a firearm in the state of Texas and I have never been convicted of a felony or a crime of violence.**

Member's Signature _____ Date _____

Please list below the names of your spouse and dependents that will also be covered under this membership. If additional space is needed use reverse of this page. Family membership **ONLY** includes spouse and children under the age of 21 or in college if over the age of 21.

Name: _____ DOB: _____ Relationship _____

Name: _____ DOB: _____ Relationship _____

Name: _____ DOB: _____ Relationship _____

Office Use Only

Paid _____ Cash Check C.C. Date Paid _____

Date Completed Orientation _____ Officer _____

Gate Card No. _____ Date _____