

**GUTHRIE GUNFIGHTERS, INC.
MEMBERSHIP APPLICATION**

Date Received: ____/____/____

Renewal Application

Individual: Couple: Family:

Gender: Male Female

Primary Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

DOB: _____ Social Sec#: _____

Stage Name: _____

Gender: Male Female

Secondary Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

DOB: _____ Social Sec#: _____

Stage Name: _____

Do you wish to add any children under the age of 18 to your membership? Yes No

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

Are you currently a member of any other clubs or reenactment groups? Yes No

a) If yes, then please list current memberships

1. _____

2. _____

3. _____

**GUTHRIE GUNFIGHTERS, INC.
MEMBERSHIP APPLICATION**

Membership Statement

1. In consideration of my membership, I agree to comply with all policies, rules, regulations, procedures, and Bylaws of the Guthrie Gunfighters Inc. I also understand that my membership can be revoked and terminated for failure to comply with the Bylaws, rules, regulations, policies, and procedures of the Guthrie Gunfighters.

2. **Hold Harmless** Upon my signature below I hereby covenant and agree to release and **Hold Harmless** the **Guthrie Gunfighters Inc.**, its officers, members, and directors, from any and all liability for any injury to myself or my property or to any third party individual or their property that may arise out of or be connected with a living history event, encampment, performance, gunfight, or any activity which I may enter into at my own risk. I am not an employee or agent of the **Guthrie Gunfighters Inc.**

3. I agree that **Guthrie Gunfighters Inc.** may use my image or likeness for any advertising, media, publications, video, or movie which represents the activities, or educational functions of the **Guthrie Gunfighters Inc.**

4. I wish to have our Name, Address, Phone Number, and Email Address published in a Membership Directory. Yes No

Primary Member Signature

Date

Secondary Member Signature

Date

Office Use Only

Amount of Dues Paid: _____ Date Received: ____/____/____

Cash Check # _____ Received By: _____

OSBI Report or Current Handgun License on File? Yes No If yes date of Report ____/____/____