



Santa Margarita Gun Club

PO Box 79363
Corona, California 92877-0178

MEMBERSHIP APPLICATION FORM

Complete this application with the attached **SMGC Release of Liability Form (Page 3)**. Mail this form to the listed address above or bring it to the monthly rifle/pistol match with the appropriate payment. Annual SMGC memberships expire at the end of January of the following year. **PLEASE PRINT LEGIBLE.**

RANK:		LIST IF A CURRENT OR RETIRED MEMBER OF THE U.S. ARMED FORCES (LIST PROPER RANK ABBREVIATION, NOT PAY GRADE:)										
FIRST NAME:		MIDDLE NAME:		LAST NAME:		NAME SUFFIX:						
ADDRESS:				CITY:		STATE:		ZIP CODE:				
HOME Phone: ()				CELL Phone: ()		DATE OF BIRTH (DOB):						
PERSONAL E-MAIL ADDRESS:						@						
WORK E-MAIL ADDRESS:						@						
NRA MEMBERSHIP NUMBER:						IF NOT AN NRA MEMBER, WRITE "NONE"						
DRIVER'S LICENSE NUMBER:						STATE:						
*****A COPY OF YOUR DRIVER'S LICENSE - WILL BE REQUIRED WITH THIS APPLICATION*****												
CATEGORY:	<input type="checkbox"/>	Civilian	<input type="checkbox"/>	Service / Active Military	<input type="checkbox"/>	Civilian Dependent						
ARMED FORCES MEMBER:	<input type="checkbox"/>	U.S. Army	<input type="checkbox"/>	U.S. Marine Corps	<input type="checkbox"/>	U.S. Navy	<input type="checkbox"/>	U.S. Air Force	<input type="checkbox"/>	U.S. Coast Guard	<input type="checkbox"/>	U.S. National Guard
Armed Forces Reserve Member:	<input type="checkbox"/>	USAR	<input type="checkbox"/>	USMCR	<input type="checkbox"/>	USNR	<input type="checkbox"/>	USAFR	<input type="checkbox"/>	USCGR	<input type="checkbox"/>	RETIRED MEMBER
INSTRUCTIONS: CHECK ALL APPROPRIATE BOXES FOR YOURSELF: (If Unknown, List as UN-Unclassified)												
SPECIAL CATEGORIES:	<input type="checkbox"/>	Grand Senior (70 YOA +)	<input type="checkbox"/>	Senior (60 YOA +)	<input type="checkbox"/>	Junior (21 YOA and Under)	<input type="checkbox"/>	Woman	<input type="checkbox"/>	Police	<input type="checkbox"/>	Collegiate
NRA XTC HP CLASSIFICATION:	<input type="checkbox"/>	HM-High Master	<input type="checkbox"/>	MA-Master	<input type="checkbox"/>	EX-Expert	<input type="checkbox"/>	SS-Sharpshooter	<input type="checkbox"/>	MK-Marksman	<input type="checkbox"/>	UN-Unclassified
NRA MID-RANGE HP CLASSIFICATION:	<input type="checkbox"/>	HM-High Master	<input type="checkbox"/>	MA-Master	<input type="checkbox"/>	EX-Expert	<input type="checkbox"/>	SS-Sharpshooter	<input type="checkbox"/>	MK-Marksman	<input type="checkbox"/>	UN-Unclassified
NRA LONG RANGE HP CLASSIFICATION:	<input type="checkbox"/>	HM-High Master	<input type="checkbox"/>	MA-Master	<input type="checkbox"/>	EX-Expert	<input type="checkbox"/>	SS-Sharpshooter	<input type="checkbox"/>	MK-Marksman	<input type="checkbox"/>	UN-Unclassified
NRA BULLSEYE PISTOL CLASSIFICATION:	<input type="checkbox"/>	HM-High Master	<input type="checkbox"/>	MA-Master	<input type="checkbox"/>	EX-Expert	<input type="checkbox"/>	SS-Sharpshooter	<input type="checkbox"/>	MK-Marksman	<input type="checkbox"/>	UN-Unclassified
ARE YOU A "DISTINGUISHED RIFLEMAN" ?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO, How many Points Earned towards Distinguished do you currently have?								
ARE YOU A "DISTINGUISHED PISTOL SHOT" ?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO, How many Points Earned towards Distinguished do you currently have?								
Are you a Certified USMC Range Safety Officer (RSO) for MCB Camp Pendleton, CA in accordance with USMC Directives?						<input type="checkbox"/>	YES	<input type="checkbox"/>	NO			
						If "Yes", when does your RSO Certification Expire?						
Are you a Certified Medical Person? EMT, LVN, RN, PA or Doctor?						<input type="checkbox"/>	YES	<input type="checkbox"/>	NO			
						If "Yes", when does your Current Certification Expire?						

DATE: _____ SIGNATURE: _____

The Santa Margarita Gun Club is not affiliated with the United States Government, the United States Marine Corps, the United States Department of the Navy, or any other branch of the United States military and armed forces



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MEMBERSHIP APPLICATION FORM (Continued)

REGULAR SMGC CLUB MEMBERSHIP FEES DUE:		ASSOCIATE SMGC CLUB MEMBERSHIP FEES DUE:	
(MUST ALREADY BE A REGULAR SMGC MEMBER)		(ALL NEW MEMBERSHIPS OR ASSOCIATE MEMBERSHIP RENEWAL)	
<input type="checkbox"/>	EMT, LVN, RN, PA OR MEDICAL DOCT (NO FEE)	<input type="checkbox"/>	NON-MILITARY, Associate <u>Yearly</u> Membership \$75.00
<input type="checkbox"/>	U.S. ARMED FORCES MEMBER (ACTIVE or RESERVE) (NO FEE)	<input type="checkbox"/>	NON-MILITARY, JUNIOR Associate <u>Yearly</u> Membership \$30.00
<input type="checkbox"/>	U.S. ARMED FORCES (RETIRED or DEPENDANT) \$15.00	<input type="checkbox"/>	NON-MILITARY, Associate <u>DAILY</u> Membership \$10.00 (FEES PAID AT EACH SMGC EVENT, ON TOP OF MATCH ENTRY FEE)
<input type="checkbox"/>	CIVILIAN REGULAR MEMBERSHIP (Renewal) \$50.00	<input type="checkbox"/>	NON-MILITARY, JUNIOR Associate <u>DAILY</u> Membership \$10.00 (FEES PAID AT EACH SMGC EVENT, ON TOP OF MATCH ENTRY FEE)
<input type="checkbox"/>	CIVILIAN JUNIOR REGULAR MEMBERSHIP (Renewal) \$15.00 (21 YOA and Under)		
*****OFFICIAL CLUB USE BELOW*****			
<input type="checkbox"/>	REGULAR MEMBERSHIP ASSIGNED	<input type="checkbox"/>	ASSOCIATE MEMBERSHIP ASSIGNED
SIGNATURE OF CLUB OFFICER ACCEPTING MEMBERSHIP			

Therefore, I am applying for the SMGC Membership checked / listed above. **ONLY A PREVIOUSLY ASSIGNED Civilian Regular Member** can Re-Apply as a **Regular Civilian Member**. All other Memberships are as an **ASSOCIATE MEMBER**. ASSOCIATE MEMBERSHIPS entitles me to No Rights of a Regular Membership with the exception of shooting at Matches.

I understand that Non-Military Regular Membership in the Santa Margarita Gun Club (SMGC) is limited. This is due to restrictions imposed by the SMGC By-Laws and Host Facility Regulations. As Regular Non-Military Memberships become available, I understand that an Associate Non-Military Memberships will be considered for Regular Non-Military Membership as defined in the SMGC By-Laws, board resolutions of membership committee instructions.

CERTIFICATION (Initial after each line)

- 1.____ I certify that the information on Page 1 of this application form is correct.
- 2.____ I further certify that I can legally participate in the shooting sport as defined in Federal and/or California Laws, and I have not been convicted of a felony or misdemeanor crime which as a result of conviction precludes me from the ownership, transfer and use of firearms or ammunition.
- 3.____ I further agree to obey all rules and regulations governing the use of military facilities as issued by appropriate authorities and that failure to obey these rules and regulations may result in arrest and conviction in federal court.
- 4.____ Any misrepresentation of facts may result in disbarment from the Santa Margarita Gun Club, Marine Corps Base Camp Pendleton, CA for a period of up to five (5) years.

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DATE: _____ SIGNATURE: _____

PRINT NAME: _____

**RELEASE FROM RESPONSIBILITY, WAIVER OF LIABILITY AND ASSUMPTION OF RISK FOR
PARTICIPATION IN A DANGEROUS ACTIVITY**

FOR AND IN CONSIDERATION of permitting the applicant for Santa Margarita Gun Club Membership, who is named on the reverse side of this form and herein referred to as THE UNDERSIGNED, to enter the MARINE CORPS BASE CAMP PENDLETON AND SANTA MARGARITA GUN CLUB, herein referred to as the "Santa Margarita Gun Club", premises for the purposes of firearms use, shooting of firearms, observing the shooting of firearms, or any and all other purposes, THE UNDERSIGNED, for himself/herself his/hers heirs, executors, administrators and assigns:

1. Hereby voluntarily releases, discharges, waivers and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to the undersigned arising as a result of engaging in or being present at activities at the San Margarita Gun Club premises.

2. Hereby covenants not to sue and voluntarily releases, waivers, discharges and relinquishes any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her heirs, executors, administrators and assigns prosecute or present any claim for personal injury, property damage or wrongful death against MCB, Camp Pendleton, CA, or the Santa Margarita Gun Club or any of its officers, agents, servants or employees for any of said causes of action, whether the same shall arise by negligence of any of said persons or otherwise. IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE SANTA MARGARITA GUN CLUB OR ANY OF ITS' OFFICERS, AGENTS, SERVANTS OR EMPLOYEES; INCLUDING VOLUNTEERS, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

3. Agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Santa Margarita Gun Club. The Undersigned shall indemnify and save harmless the same Santa Margarita Gun Club and any of its officers, agents, servants or employees, including volunteers, from any and claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

4. Agrees that the foregoing release is intended to be as broad and inclusive a permitted by the laws applicable in the State of California and that of any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. Acknowledges that the Undersigned has been fully and completely advised of the potential for serious accident incidental to engaging in firearms activities, including the potential for death, personal injury and property damage, and expressly agrees to assume all risks of loss, damage or injury that may be sustained by the Undersigned.

6. I certify that the above information is correct. Any misrepresentation may result in disbarment from participation in this Match. I have read the Release from Responsibility Form of this entry form and voluntarily abide by this agreement being fully aware of legal consequences of signing the within instrument.

7. This agreement supersedes all previous agreements and shall remain in force until **January 31, 2020.**

DATE: _____ SIGNATURE: _____

A copy of you Current Driver's License is also required to be submitted to the Club with this application.

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PRINT NAME: _____

Emergency Notification Form

(In case of injury and/or serious illness, whom would SMGC contact?)

Name: _____ Contact Phone # _____

Relationship to Participant Listed Above: ☐ Spouse ☐ Relative ☐ Friend ☐ Other: _____

SPECIAL MEDICAL ISSUES: (Voluntary Information)

In the event of a Medical Emergency which you are involved in; do you have ANY SPECIAL MEDICAL CONSIDERATIONS WHICH MAY BE NEEDED TO BE KNOWN BY RESPONDING EMERGENCY / MEDICAL PERSONNEL?

Do you have any Allergies or any Medication Allergies?

Do you have any Other Medical Issues?



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