



PO Box 79363
Corona, California 92877-0178

MEMBERSHIP APPLICATION FORM - 2019

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.

Form with fields for RANK, FIRST NAME, MIDDLE NAME, LAST NAME, NAME SUFFIX, ADDRESS, CITY, STATE, ZIP CODE, HOME PHONE, CELL PHONE, DATE OF BIRTH, PERSONAL E-MAIL ADDRESS, PROFESSION OR OCCUPATION, PROFESSIONAL/WORK E-MAIL ADDRESS, NRA MEMBERSHIP NUMBER, CMP NUMBER, DRIVER'S LICENSE NUMBER, STATE, CATEGORY, U.S. ARMED FORCES MEMBER, ARMED FORCES RESERVE MEMBER, SPECIAL CATEGORIES, NRA XTC HP CLASSIFICATION, NRA Mid-Range CLASSIFICATION, NRA Mid-Range F-Class CLASSIFICATION, NRA Long Range CLASSIFICATION, NRA Long Range F-Class CLASSIFICATION, NRA Bullseye Pistol CLASSIFICATION, Are you a Distinguished Rifleman?, Are you a Distinguished Pistol shot?, Are you a USMC Certified Range Safety Officer (RSO) for MCB Camp Pendleton, CA in accordance with USMC Directives?, Are you a Certified Medical Person? EMT, LVN, RN, PA or Doctor?

Any additional comments about yourself which would benefit our organization:

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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APPLICANT'S NAME: _____

CIVILIAN Regular Memberships are **Awarded** to those who have contributed to the Overall Operations of the Santa Margarita Gun Club. A Civilian Regular Membership is limited in number by the 2:1 ratio of Military Members of the Club. Regular Member Openings are only available once a previous member does not renew their membership and vacates their position.

REGULAR SMGC CLUB MEMBERSHIPS FEES DUES:		ASSOCIATE "ANNUAL" SMGC CLUB MEMBERSHIPS FEES DUES:	
<input type="checkbox"/>	U.S. Armed Forces Member (Active or Reserve) and Purple Heart Recipients- NO FEE	<input type="checkbox"/>	NON-MILITARY, ASSOCIATE Membership \$120.00 or Two Year Membership for \$200.00 (Savings of \$40)
<input type="checkbox"/>	U.S. Armed Forces Member (Retired or Dependent) - \$ 15.00		
<input type="checkbox"/>	Civilian REGULAR Member (RENEWAL) \$ 100.00 Annually or Two Year membership for \$175.00 (Savings of \$25) One must already be a current "Regular" Member.	<input type="checkbox"/>	5 year Membership or "Life of the Lease Memberships are \$ 400.00 for both Regular and Associate Memberships (Regular Member Savings of \$100 / Associate Member Savings of \$200)
<input type="checkbox"/>	EMT, LVN, RN, PA or Medical Doctor \$ 50.00		
***** OFFICIAL CLUB USE BELOW *****			
<input type="checkbox"/>	REGULAR CLUB MEMBERSHIP	<input type="checkbox"/>	ASSOCIATE CLUB MEMBERSHIP
SIGNATURE OF CLUB OFFICER ACCEPTING AND ASSIGNING CLUB 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 at the discounted rates.

I understand that Civilian 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 Civilian Regular Memberships become available, I understand that a Non-Military Associate Memberships will be considered for Civilian Regular Membership as defined in the SMGC By-Laws, board resolutions of membership committee instructions. **CERTIFICATION (Initial 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 the 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.

DATE: _____ SIGNATURE: _____

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APPLICANT'S 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, waives 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, waives, 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, 2025**.

DATE: _____ SIGNATURE: _____

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

APPLICANT'S 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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