

# Springfield Twp. Farmers' and Sportsmen's Association Inc.

1251 Valley Road, York, PA 17403

## Application for Membership

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Check here if you would like your newsletter sent to the above email address

List names of other clubs, lodges, etc. to which you belong \_\_\_\_\_

List two places of business to be used for a reference:

1. \_\_\_\_\_

2. \_\_\_\_\_

Give reason(s) for joining the club \_\_\_\_\_

Check areas of interest:

\_\_\_\_\_ Dog Training

\_\_\_\_\_ Field Trials

\_\_\_\_\_ Archery

\_\_\_\_\_ Pond Fishing

\_\_\_\_\_ Rifle Range

\_\_\_\_\_ Fund Raising

\_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Proposed by: 1. \_\_\_\_\_ 2. \_\_\_\_\_

*For use by Membership Secretary*

\$ \_\_\_\_\_ received on \_\_\_/\_\_\_/\_\_\_      Board Approval \_\_\_/\_\_\_/\_\_\_      Membership Approval \_\_\_/\_\_\_/\_\_\_

Screened by \_\_\_\_\_ Date \_\_\_\_\_

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**RECEIPT**

Payment of Dues for \_\_\_\_\_

\$ \_\_\_\_\_ to cover dues until the year ending December 31<sup>st</sup>, \_\_\_\_\_

Received by \_\_\_\_\_ (Club Member)      Date \_\_\_\_\_

# **Springfield Twp. Farmers' and Sportsmen's Association Inc.**

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## **Rifle Range Agreement of Understanding**

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I acknowledge that target shooting, hunting and/or clay target shooting has inherent risks, hazards, and dangers for anyone, that cannot be eliminated, particularly in a wilderness environment.

### **I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATIONS:**

- **The risk of handling firearms and being near others that have firearms in their possession;**
- **The risk of injury from ammunition, clay targets and shot from other weapons;**
- **The risk of ear damage from noise.**

For eye and ear protection, we recommend you use ear plugs and protective eye glasses. If you do not, you are doing so at your own choice.

**I understand the risks, hazards, and dangers as described above and have had the opportunity to discuss them with Springfield Twp. Farmers' & Sportsmen's Association Inc. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activities is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY USING THE SERVICES OF SPRINGFIELD TWP. FARMERS' & SPORTSMEN'S ASSOCIATION INC. WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ALL RISKS OF INJURY, PARALYSIS, OR DEATH.**

**I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS AGREEMENT.**

Signature \_\_\_\_\_

Date \_\_\_\_\_