

# 2011 Membership Application

## ISLAND LONG RIDERS COWBOYMOUNTED SHOOTING CLUB

NAME: \_\_\_\_\_ ALIAS: \_\_\_\_\_ D.O.B: \_\_\_\_\_

FAMILY MEMBERS(family membership only): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ HOME#: (\_\_\_\_) \_\_\_\_\_ CELL#:(\_\_\_\_) \_\_\_\_\_

MEMBERSHIP RENEWAL \_\_\_\_\_ CMSA# \_\_\_\_\_ SASS# \_\_\_\_\_ CLASS \_\_\_\_\_

**Membership Benefits:** As a member, you will receive regular news letters and/or e-mails, match results, and advance notice of registration for upcoming shoots. . You will enjoy the sport and help promote GUN SAFETY as well as being a part of a family sport.

**All Island Long Riders members receive discounted rates at clinics and matches hosted by the Island Long Riders.**

The Island Long Riders ride with both SASS and CMSA Cowboy Mounted Shooting clubs. If you are interested in joining either SASS or CMSA, please contact us for information on special membership discounts for Island Long Riders club members.

**For more information contact: Joe Mugnai (631) 249-1050 or [joe@islandlongriders.com](mailto:joe@islandlongriders.com)**

Membership Options	Cost	Quantity	Total
<b>NEW members</b>	\$50 adult \$75 family \$20 Wrangler		
<b>Membership RENEWAL</b> (for 2010 members)	\$40 adult \$65 family \$10 Wrangler		
<b>Associate Member</b> (open to full members of other CMS clubs)	\$20		
		<b>TOTAL AMOUNT:</b>	

### Liability Release Form

I understand that I am participating in a sport which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by The Island Long Riders, Inc. and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_