

GUTHRIE GUNFIGHTERS INC.
MEMEBERSHIP APPLICATION

_____ Date Received

- New Member Application
 Renewal Application

NOTE: Application must be accompanied by a current copy of an Oklahoma Bureau of Investigation (OSBI) report or copy of current Oklahoma Concealed Carry Firearms License

Name: _____

Please Print

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt No: _____

Email: _____ Alt Email: _____

DOB: _____ Gender Male Female

Stage Name: _____

Do You wish to add any children under the age of 18 to your membership? Please include ages.

CHILDREN / Age	Stage Name
1. _____ / _____	_____
2. _____ / _____	_____
3. _____ / _____	_____
4. _____ / _____	_____

Are you 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.
MEMEBERSHIP APPLICATION

Membership Statement

1. In consideration of my membership, I agree to comply with all established safety protocols, 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 and all established safety protocols, 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.**, it 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 []

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 – date of report _____

[] No