



**The Association of Arizona Gunslingers, Inc.**  
**Membership Application**



Please print legibly. One form for each applicant.

Name \_\_\_\_\_ Alias \_\_\_\_\_

Address \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_

CFDA # \_\_\_\_\_ NRA # \_\_\_\_\_

Primary Club for CFDA Insurance Purposes \_\_\_\_\_

| Membership Type                     | Amount   | Total | Paid |
|-------------------------------------|----------|-------|------|
| Club Lifetime Membership            | \$250.00 |       |      |
| Club Annual Membership              | \$ 24.00 |       |      |
| Club Annual – Prorate \$2 per month |          |       |      |
| Club Annual – Minor                 | \$ 0.00  |       |      |
| TOTAL:                              |          |       |      |

I agree that I will not hold The Association of Arizona Gunslingers, Inc., the Cowboy Fast Draw Association, LLC, the affiliated host club, land owners, lease holders, sponsors, or any officials, officers, employees, members, or volunteers of such, responsible for any injuries as a result of my participation in any shooting activity or related activities. I acknowledge that the sport of Cowboy Fast Draw, by its very nature has the potential to be dangerous and a serious accident could occur. I assume full responsibility for my involvement or that of the minor I am signing for. I further agree to follow all rules of CFDA, especially those that involve safety and conduct. I will load firearms only at the direction of a Range Officer.

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

If Member is under the age of 18:

Parent/ Legal Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**All Annual Membership expire on December 31 of current. Proration of dues is only available for new members.**

Submit to Stakeholder, Miss Kitty, or mail to 3931 W Desert Hills Drive, Phoenix AZ 85029

Accounting:

|                             |                   |            |
|-----------------------------|-------------------|------------|
| Total Amount Received _____ | Check # _____     | Cash _____ |
| Date _____                  | Received by _____ |            |