

# TURKEYFOOT LONGRIFLES 2025 MEMBERSHIP

Membership to a Gun Rights Organization is **required**. Application must be completed in its **entirety**. Membership Dues are \$30.00 for individual or immediate family (children under 18). Please list names of additional family members included in the family membership.

\* Indicates required question

**Email \*** \_\_\_\_\_ **Birthday** \_\_\_\_\_  
(Write NONE if you don't have one. This is the club's main form of communication.) \* (Age Based Category Verification)

**FIRST AND LAST NAME \*** \_\_\_\_\_

**MAILING ADDRESS \*** \_\_\_\_\_

**PHONE NUMBER \*** \_\_\_\_\_

**ALIAS\*** \_\_\_\_\_

**SHOOTING CATEGORY\*** \_\_\_\_\_

**MEMBERSHIP TYPE \* SINGLE \$30 or FAMILY \$30 or 1 TIME NEW SHOOTER Free**

*Circle One*

## LIST SPOUSE / IMMEDIATE FAMILY MEMBERS

<i>First Name (and last name if different)</i>	<i>Birthday</i>	<i>Alias</i>	<i>Category</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*GUN RIGHTS MEMBERSHIP AND NUMBER** \_\_\_\_\_  
Organization Name Number

*It is required to be a member of a gun rights organization such as USCCA, NRA, a state gun rights coalition, etc. Any questions about if your organization qualifies, please ask.*

**SASS NUMBER(S)** *If you are a member of the Single Action Shooting Society please put that number here.*

<b>Alias</b>	<b>Number</b>
_____	_____
_____	_____
_____	_____

## What is your shooting interest? \*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cowboy Action | <input type="checkbox"/> .22 Cowboy    | <input type="checkbox"/> General Target Practice |
| <input type="checkbox"/> Wild Bunch    | <input type="checkbox"/> .22 Semi Auto | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Black Powder  | <input type="checkbox"/> Plinking      |  |

## How did you hear about Turkeyfoot Longrifles / Turkeyfoot Cowboys? \*

- |   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Membership Renewal | <input type="checkbox"/> Facebook | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Friend             | <input type="checkbox"/> Website  |                                       |

**Our club has many volunteer opportunities available.** *Are you interested in learning more about or helping with:*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Officer Positions | <input type="checkbox"/> Range Improvements | <input type="checkbox"/> Assisting at matches |
| <input type="checkbox"/> Match Director    | <input type="checkbox"/> Teaching           | <input type="checkbox"/> Other: _____         |

**WAIVER AND ASSUMPTION OF RISK \***

The undersigned voluntarily makes and grants this Waiver and Assumption of Risk in favor of SASS, Turkeyfoot Long Rifles, and Turkeyfoot Cowboys, for the opportunity to engage in the activities, events, sports, festivities and or gatherings sponsored by the Turkeyfoot Cowboys: I do hereby waive and release any and all claims whether in contract or of personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my aforementioned use, as I understand and recognize that there are certain risks, dangers, and perils connected with such use, which I nevertheless accept, assume and undertake after inquiry and investigation of extent, duration, and completeness wholly satisfactory and acceptable to me. I faithfully adhere to all safety instructions and recommendations, whether oral or written. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. This Waiver and Assumption of Risk is effective from January 1, 2025, through December 31, 2025, and may not be revoked, altered, amended, rescinded or voided.

**Every Member, and any guests at range must sign a waiver.**

*Signing this indicates that you have read and understand the above information.*

**Signature:** \_\_\_\_\_

**Signature:**(other adult listed on form) \_\_\_\_\_

**Please remit payment to William Locke in person or by mail to:**

**TFL Bill Locke, 1404 W 3rd Street, Cedar Falls, IA 50613**

I understand that I still need to make payment to make my membership active.

**EMERGENCY CONTACT for self:\***

Please list name and phone number of who we should contact if something should happen to you:

\_\_\_\_\_

**EMERGENCY CONTACT for others listed on form:**

*Please list the name and phone number of who we should contact if something should happen to others listed on your form. Occasionally, family doesn't always attend events together.*

\_\_\_\_\_

**Thank you for your support of Turkeyfoot Longrifles!**

[www.Turkeyfoot.org](http://www.Turkeyfoot.org)

**Our Facebook Group is Turkeyfoot Cowboys and Longrifles Campfire (conversational group)**

**Our Facebook page is Turkeyfoot Cowboys and Longrifles ("informative postings")**

**Donation Receipts are available for those that need and/or request one. Just let a board member know that you need one.**

**If you have any suggestions at any time please contact an officer or send an email to**

[turkeyfootcowboys@gmail.com](mailto:turkeyfootcowboys@gmail.com)

