Tombstone Ghost Riders
Membership Application

Today's Date_____

Name_____CMSA#_____Birthdate____/____/____

Alias_____SASS #_____

Spouse or Significant Other's Name_____CMSA#_____Birthdate____/____/____

Dependant's Names & birhtdates_____

Mailing Address_____City_____State____Zip_____

Daytime Phone (____)_____Home Phone (____)_____

Cell Phone (____)_____Email _____

Are you a Mounted Shooter _____Action Shooter _____Trail Rider _____Member of NRA _____ ?

Membership Dues (Covers January 1st thru December 31st of the calendar year.) **Check where applicable**

___ Single - $35 per year **___ Family - $60 per year**

RELEASE OF LIABILITY AGREEMENT

Applicant or Applicants are asked to read and sign the following:

As a condition of my acceptance as a member of the Tombstone Ghost Riders, by signing this Agreement, I hereby waive release and discharge Tombstone Ghost Riders, its members, agents, officers and representatives and the Tombstone Livery Stables Inc., its owners, employees and representatives, from all claims for damages resulting from death, personal injury or property damage arising out of or connected in anyway with my participation in any Tombstone Ghost Riders or/and the Tombstone Livery Stables Inc. sponsored event or activity. I hereby acknowledge that riding horses and/or being around firearms can be a dangerous activity and that accidents can occur, resulting in serious injury or death. My participation is purely voluntary, and I expressly agree and promise to accept and assume all responsibilities for the risks identified herein and for those risks not specifically identified.

_____ ___/____/____ _____ ____/___/____

Signature of Applicant Date Signature of Spouse or Significant Other Date .

Makes checks payable to: Tombstone Ghost Riders

Mail check and membership application form to:

Tombstone Ghost Riders
c/o Carolyn McGinnis,
9150 E Walnut Trail, Pearce, Az 85625
520-824-3124
520-678-9911 cell