



WELCOME TO THE HILLTOP GUN CLUB

Chartered 2001 - NRA and CMP Affiliated
HillTop Gun Club LLC, 8156 Salem Road, Athens, Ohio 45701-8916

The **HillTop Gun Club** is a private club who's members take pride in the professionalism of our club and the club's exceptionally high level of ethics. All perspective members are thoroughly vetted to ensure we accept only those who are citizens in good standing in the community, with high morals and a desire to participate in firearms activities for the purposes of enhancing firearms skills, enjoyable shooting and the comradery obtained from such mutually enjoyable activities. We do require that all members participate in tasks which are necessary to perform club operations, club enhancements and services to the community - such tasks will be listed within the application, for you to indicate those in which you feel you could best assist.

APPLICANT INFORMATION

NAME:				GENDER		<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth:				* SSN:	Phones	Home	Cell
Current Address:				City:			
State:	Zip Code:	Email:		Married		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residence:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	How Long at current address:		Years	Months	Weeks	

EMPLOYMENT INFORMATION

Current (or Retired) Employer:				
Employer Address:			How Long:	
Phone	E-mail:		Cell:	
City:	State:	Zip Code:		
Position:	Job Title/Duties:			

EMERGENCY CONTACT

Name of Emergency Contact Person:			
Address:			Phone:
City:	State:	Zip Code:	
Relationship:			

SPOUSE/PARTNER INFORMATION

NAME:

(1) Date of Birth:

(1) SSN:

Phone:

Current Address:

City:

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name & Age:

Name & Age:

Name & Age:

Name & Age:

Name & Age:

Name & Age:

(1) - If becoming a member

HOBBIES / AREAS OF INTEREST / FIREARMS PREFERENCES

Briefly describe why you want to join HillTop Gun Club and what do you expect to gain from it. Please attach a separate sheet if needed:

Have you done anything that would embarrass a member, the Board of Directors or Owner? NO YES

Explain (If Yes):

Are you a Felon or have a criminal record: NO YES (Explain):

MEMBERSHIP	
Member Classification:	Cost:
Full Member	\$100
Family Membership	\$150
Business - Corporation	\$500
Lifetime membership	\$2000
10% DISCOUNT for Current or Former Military & Law Enforcement	

*****Membership dues are due on 1 April of every year*****

(Dues are prorated to the remaining months to 1 April, from Membership Acceptance)

The Club has organized committees and single service tasks in order to perform the operations of the club and the services we provide to the community. Below are descriptions of these tasks. Please review them and indicate those that you feel you could best contribute to your participation. **Each member must donate 10 hours of service per year** * (Replaceable with a contribution of \$10 per hour)*

Communications: <input type="checkbox"/>			Youth Services: <input type="checkbox"/>
Fellowship: <input type="checkbox"/>	Charitable Giving: <input type="checkbox"/>	Military Service: <input type="checkbox"/>	
Membership: <input type="checkbox"/>	Fund Raising Planning: <input type="checkbox"/>	Veterans Services: <input type="checkbox"/>	
Programs: <input type="checkbox"/>	News Letter-Social Media: <input type="checkbox"/>	Public Servant Services: <input type="checkbox"/>	

If you have skills or interests that you feel would help in tasks listed above or a service to the Club which is not listed please elaborate .here

Please list any professional designations, affiliations & other community involvements:

SPONSORS & REFERENCES		
Name	Address	Phone

How did you come to know or find out about HillTop Gun Club, (or from whom?)

I(we) hereby apply for membership to the HillTop Gun Club LLC and authorize the Club to conduct necessary background check(s) to evaluate my(our) eligibility for HillTop Gun Club membership.

My (our) signature (s) below certifies that: I(we) am(are) a legal resident of the United States of America; I(we) am(are) 18 years of age or older; I(we) am(are) not a member of any organization that has as any part of its program attempts to overthrow the Government of the United States of America by force or violence or any other means; I(we) am(are) not a felon; I(we) am(are) not mentally ill; I(we) will not use any training, or knowledge, from Hilltop Gun Club and/or any of its instructors, Board members or fellow members, to harm any person (s) with a firearm. I(we) will uphold the respectable ideals and principles of the HillTop Gun Club LLC. I(we) will fulfill all obligations and continually display good sportsmanship and citizenship.

* IAW Federal Law you are under no obligation to provide your SSN for/to Private Organizations. However, IAW with said Federal Law, it is the right of Private Organizations to reject/decline your acceptance/application into that organization if you decline to provide your SSN. The HillTop Gun Club uses your SSN for vetting purposes, to ensure we do not accept persons with criminal records, non US Citizens, persons of questionable character and/or persons not authorized to use weapons. Your SSN will be strictly protected from public view & will be viewed by only those Club members involved in the application vetting process. As such the HillTop Gun Club reserves the right to decline/reject application(s) from those not wishing to provide their SSN.

SIGNATURES	
I authorize the verification of all the information provided on this form. I have received a copy of this application.	
Signature of applicant:	Date :
Signature of spouse (<i>If joint membership</i>):	Date :

The membership process consists of the following actions: 1. Submit application with sponsor's signatures. 2. Application must be approved by the membership committee. 3. Application must be approved by the Board of Directors. 4. Attend a mandatory Safety Course (\$50 fee may be required).

During the process of an application approval the Club concentrates on your occupational & other specialties, in addition to your social & legal background and interaction with club members. It is strongly recommended that you meet as many members as possible and complete this form to the best of your ability, so that we can get to know you and make a well founded decision.

WAIVER OF LIABILITY

NAME: _____

I,

do agree to hold harmless the HillTop Gun Club LLC, owner(s), officer(s), board members, Club members, guests and any/all person(s) attached to said Club from any/all liability, resulting from: Any injury or damage arising from or incidental to my participation in any HillTop Gun Club LLC activity or business and/or incidental to my travel to and from any/all HillTop Gun Club LLC location(s) of activity or business; Any injury or damage arising from or incidental to the action(s) of any person(s) participating in any activity, training or business sponsored by the HillTop Gun Club LLC; Any injury or damage arising from or incidental to my actions and/or the actions of others, of any sort, while on the property of the HillTop Gun Club LLC during any time when HillTop Gun Club LLC is not conducting any activity, training or business; Any injury or damage arising from or incidental to the actions of any third party, while on the property of the HillTop Gun Club LLC and/or property of others, their sponsors, assignees and/or participants during the conduct of any activity, training or business. I am fully aware that my participation in, or even presence at, any firearm related activity at any and all time(s), on the property of HillTop Gun Club LLC and/or any other location/property, may result in injury, maiming and/or death to me and/or others. My signature on this Waiver of Liability certifies my knowledge of the possibility of such aforementioned hazards and/or injuries and further certifies that I am waiving my rights to sue, and to Hold Harmless the HillTop Gun Club LLC, it's owner(s), officer(s), board & club members, guest(s), sponsor(s), instructor(s) and assignees from any and all liabilities for any/all injuries sustained under the conditions previously listed within this Waiver of Liability.

SIGNATURE: _____

DATE: _____

WITNESS (NAME): _____

DATE: _____

WITNESS

(Signature): _____