



TEXAS HISTORICAL SHOOTIST SOCIETY™

(THSS™)

Membership Application

Check: ____ \$40 Individual, ____ +\$10 Spouse Year: ____ or

____ \$400 Individual Lifetime Member

Check one: ____ New or ____ Renewal or ____ Life Member

Member Info					
Name			Alias		
Street Address					
City			State		Zip
Home Phone			Work Phone		
Cell Phone			Email Address*		
THSS Member #			SASS Member #		
NRA Member #			TSRA Member #		
Spouse Info (\$10 additional fee)					
Spouse Name			Spouse Alias		
Spouse Email*					
Spouse THSS Member #			Spouse SASS Member #		
Spouse NRA Member #			Spouse TSRA Member #		

* The monthly THSS Newsletter is emailed to this address

This certifies that I know how to safely handle the firearms involved here, I am familiar with the safety rules that apply to firearms, and I will always follow such rules while at an activity of the **TEXAS HISTORICAL SHOOTIST SOCIETY**. To sustain all membership rights, dues must be paid by January 31st of any calendar year.

I, the undersigned, do hereby release and discharge the **TEXAS HISTORICAL SHOOTIST SOCIETY** and their representatives, agents, servants, directors, employees, and/or any landowner or operating facility associated with the **TEXAS HISTORICAL SHOOTIST SOCIETY** from any and all liability, of every kind and character, howsoever arising, including bodily injuries and loss or damage of property, sustained by me, my guest, and any other person or entity, having or asserting claims or rights, by, through or under me; and I do covenant and agree to **HOLD HARMLESS AND INDEMNIFY** the said entities and persons from any claims of the nature released or discharged, arising by, through, or under me. I understand this is a one-time affidavit affecting me at any and all gatherings of the **TEXAS HISTORICAL SHOOTIST SOCIETY**.

I AM SIGNING THIS DOCUMENT FOR THE PURPOSE AND CONSIDERATION EXPRESSED AS MY FREE ACT AND DEED

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____