

**Membership Application Check List**

* Complete 2024 Membership Application
* Choose how you would like to receive club notifications (email, mail, text, phone call)
* Read the membership classifications and select the type of membership that is right for you.
* List all shooting members, have them read the SBI Bylaws and rules and initial that they have done so.
* Sign waiver and release form(s).
* Enclosed check with appropriate membership dues.

New Member Applicant Checklist

Sponsoring Member’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmed By: Date/Initials

□ Application completed, signed, turned in \_\_\_\_\_\_

□ Presented at monthly club or EC meeting \_\_\_\_\_\_

□ Attended club event or work party \_\_\_\_\_\_

□ Submitted membership fees \_\_\_\_\_\_

□ Received member orientation \_\_\_\_\_\_

□ Received range orientation \_\_\_\_\_\_



**Salinas Bowmen, Inc.**

**2024 Membership Application**

P.O. Box 2251, Salinas, CA 93902

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State: CA\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone:** \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Method of Contact **□ Email** **□ Phone** **□ Mail □ Text**

**Membership: □RENEWAL □ NEW** if new who is your sponsoring member?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check box for type of Membership you are applying for:

**□Annual Individual Membership**: ($200) For individuals 18 years and older. *1 vote per membership*.

**□Annual Family Membership**: ($250) Includes immediate family dependents. *Members 16 and over have voting rights, up to 2 votes per membership*.

**□Annual Senior Membership**: ($50 For individuals 70 years and older. *1 vote per membership*.

**□ Annual Junior Membership** ($75): For individuals under 18 (must have sponsoring member as guardian) *1 vote if 16 or older*

If applying for a family membership, please list all household members, relationships and shooting status.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | ShootingMember | | I have read SBI  Bylaws & Rules |
| **Primary Member** | |  |  | \_\_\_\_\_ Initials |
| Spouse or significant other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | YES | NO | \_\_\_\_\_ Initials |
| Family member: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ | YES | NO | \_\_\_\_\_ Initials |
| Family member: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ | YES | NO | \_\_\_\_\_ Initials |
| Family member: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ | YES | NO | \_\_\_\_\_ Initials |
| Family member: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ | YES | NO | \_\_\_\_\_ Initials |
| Family member: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ | YES | NO | \_\_\_\_\_ Initials |

Salinas Bowmen, Inc. (SBI) archery club membership period is January 1 through December 31 Annual dues for membership are due prior to January 1 of the membership year. Prorated membership will apply to anyone joining after June 30 at the amount equal to half the annual dues amount. Each year (and periodically as the need arises) the combination for access to the outdoor range on Crazy Horse Canyon road will be changed and member will be issued a card with the new combination. The card shall be carried while at the range and be produced if requested.

SBI requires that new members be sponsored for membership by a club member in good standing and that membership will not take effect until the applicant presents at a monthly club meeting and participates in at least one club shoot or workday. Once that criterion is met, membership must be voted on by club members at a regular monthly meeting.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by joining SBI pledge my support to SBI and the club’s activities. I understand that access to the outdoor range and participation in the club functions is a privilege extended to SBI members. I agree to use the facilities in a safe and responsible manner and to abide by club/range rules. I understand that the gate access combination is not to be provided to non-club members and that I am responsible for the actions of any guests that accompany me to my facility. Further, I understand that failure to comply with the rules for safety and of any activity while at a SBI function or any other range or competition may result in suspension of membership benefits, pending a review by the club members. I agree to provide a liability waiver for all family members who will be participating in any activity at the range.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Reverse side must be filled out for application to be complete**

Liability Waiver

In consideration of participation in any way in Salinas Bowmen, Inc. (SBI) events, activities, use of equipment or facilities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from archery and other known and unknown events and activities and/or the use if the related buildings, structures, equipment, automobiles, firearms, weapons, ATV's, boats, tree stands, roads, bodies of water, land and other real and personal property whether owned by SBI or others is significant, including the potential for permanent paralysis and death, and awhile particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury doers exist; and
2. I acknowledge an agree that the use of archery equipment, firearms and other weapons by myself and others on SBI facilities or otherwise are inherently dangerous and high risk activities whether such archery equipment, firearms or weapons are discharged by myself or others; and
3. I knowingly and freely assume all such risks, both known and unknown, even arising from the **negligence** of the releasees or others, and assume full responsibility for my participation; and
4. I willingly agree to comply with the stated and customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and immediately bring such to the attention of the nearest official immediately; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SBI, its officers, directors, officials, agents, employees, volunteers, members, guests, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and lessors of real and personal property used to conduct the events and activities ('RELEASEES'), with respect to any and all injuries, disabilities, death, or loss or damage to person or property, whether arising from negligence of the release or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Name(s) Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT THE TIME OF PARTICIPATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s involvement or participation in these events and activities and/or the use of related real and personal property as provided above, even if arising from negligence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Emergency Phone Number

***Salinas Bowmen Membership Classifications***

* ***Annual Individual Membership****:* *For individuals 18 years and older. 1 vote per membership.* ***Cost $200****.*
* ***Annual Family Membership****: Includes immediate family dependents. Members 16 and over have voting rights. Up to 2 votes per membership.* ***Cost $250***
* ***Annual Senior Membership:*** *For individuals 70 years and older. 1 vote per membership.* ***Cost $50****.*
* ***Annual Junior Membership****: For individuals under 18 years of age. Junior member must always have a sponsoring member accompany them while they shoot. Parents of a Junior Member must designate sponsoring member as guardian for their child and must sign a waiver and release of liability form as well as a medical release form.* ***Cost $75***

***Discount for hours worked.*** *The club is offering a maximum $100 discount on membership fees for members who complete a minimum of 8 hours of service to the club. For all members wishing to receive the discount, the club will provide a time record for you to record hours worked. It will be your responsibility to record hours worked. Hours recorded must be validated and signed off by the managing/officiating board or committee member the day of the event. Time record must be turned in with your renewal membership application for the following year to be eligible for the discount.*

***I have carefully read and understand the new membership classifications.***

*Member signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Please fill out the attached forms fully and return them in their entirety along with your membership fees to: P.O. Box 2251, Salinas, CA 93902 or in person to 28 D Quail Run Circle, Salinas, CA 93907. Incomplete applications will be rejected and may affect your membership renewal process****.*