

Northern Ohio Outlaws Membership Application

Northern Ohio Membership Dues

CMSA Discounted through Northern Ohio

_____ \$40.00 Individual

_____ \$60.00 Individual

_____ \$60.00 Family*

_____ \$90.00 Family*

_____ \$20.00 Wrangler (12 & under)

_____ \$20.00 Associate (Non-Shooter)

_____ \$25.00 Supportive (Non-Shooter)

_____ Total amount enclosed (including CMSA Membership)

*Family is defined through CMSA as those persons living under the same roof in a spousal relationship and/or their children under the age of 21 who are still enrolled as a full time student.

Membership: New _____ Renewal _____ CMSA# _____ Level _____ Level Change To _____

Name _____ Birth Date _____ Gender M ___ F ___

Address, City _____ State _____ Zip _____

Home (_____) _____ Cell (_____) _____ Email _____

Alias _____ Northern Ohio Outlaw Member Yes _____ No _____

Family Members

New _____ Renewal _____ CMSA# _____ Level _____ Date of Birth _____ Gender M ___ F ___

Name _____ Request Level Change To _____

Cell (_____) _____ Email _____

Family Members

New _____ Renewal _____ CMSA# _____ Level _____ Date of Birth _____ Gender M ___ F ___

Name _____ Request Level Change To _____

Cell (_____) _____ Email _____

Family Members

New _____ Renewal _____ CMSA# _____ Level _____ Date of Birth _____ Gender M ___ F ___

Name _____ Request Level Change To _____

Cell (_____) _____ Email _____

** Attach additional pages for family members as needed.

Liability Release Form

I understand that I am participating in a sport, which contains dangers, and risk may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the Cowboy Mounted Shooting Association and its agents. I have and do hereby assume the risk associated with such events. The contestants shall at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnity, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

Signature of Applicant Required: _____ Date _____
(Expires one year after date)

Mail Completed Form to: Emily Soehnlen (NOO Treasurer)
 6737 Dueber Ave. SW
 East Sparta OH 44626

Checks Payable to:
 Northern Ohio Outlaws