



**Western Washington Mounted Shooters – WA7
2017 Membership Application**

Name _____ ***Please print legibly***

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

BirthDate _____ (mm/dd/yyyy) New Member? Renewal

CMSA # _____ Level _____ (Request Senior Level (50+) _____)

****Signature of Applicant (required)** _____ **Date** _____

Circle One:

WWMS only*

Individual

Family

(WWMS+CMSA)

(WWMS+CMSA)

Mail BEFORE 3/01/17

___ **\$30**

___ **\$100 (30/70)**

___ **\$150 (50/100)**

Mail AFTER 3/01/17

___ \$45

___ \$115 (45/70)

___ \$165 (65/100)

Additional Donation: \$ _____

Amount Enclosed: \$ _____

*(*WWMS Only – For individuals who do not shoot, or who are already a CMSA member or CMSA lifetime member.)*

I understand that I am participating in a sport, which contains dangers, and risks 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, Western Washington Mounted Shooters, and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their cardholders, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant. Membership in the CMSA is a privilege and requires that those who compete in events meet all local, state and federal requirements to legally possess firearms for the purpose of such competition. Therefore it is the responsibility of all members to insure that they are legally able within the state or country that they are competing in to own and/or possess firearms. If the CMSA is notified by proper authorities of a member's inability to legally possess the firearms required to compete in CMSA sanctioned events that membership will immediately be suspended. By joining CMSA, I am agreeing that images of my horse, equipment and myself may be photographed, videoed or recorded in any way and re-used without my permission and without compensation. I further agree to support and enforce CMSA Rules as stated in the CMSA Rule Book. This Solidarity Agreement binds all CMSA Members to enforce CMSA Rules and assure our competition cardholders they will play the same game worldwide when they travel for CMSA competitions.

List of Family Members (all family members/applicants must sign to be covered by CMSA insurance):

(Please list additional family members on back of application if needed.)

Spouse Name _____ CMSA # _____ Level _____

Birthday _____ (mm/dd/yyyy) Renewal? _____

****Signature** _____ New Member? _____ (Request Senior Level, 50+) _____

Dependant _____ CMSA # _____ Level _____

Birthday _____ (mm/dd/yyyy) Renewal? _____

****Signature** _____ New Member? _____

Dependant _____ CMSA # _____ Level _____

Birthday _____ (mm/dd/yyyy) Renewal? _____

****Signature** _____ New Member? _____

Checks Payable to WWMS - Mail to WWMS c/o Plumlee, 17028 Trombley Rd, Snohomish, WA 98290