

**COASTAL BEND SHOOTERS  
NEW MEMBER AND RENEWAL APPLICATION**

**FOR THE CALANDAR YEAR OF \_\_\_\_\_**

Amt: \_\_\_\_\_ Check #: \_\_\_\_\_ Rec. By: \_\_\_\_\_ Date: \_\_\_\_\_

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*Please type or print clearly. Press Tab to move between selections*  
**Make checks payable to Coastal Bend Shooters**

Date: \_\_\_\_\_ New Member \_\_\_\_\_ Renewal \_\_\_\_\_

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

St. or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mobile: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Please Provided USPSA# \_\_\_\_\_, IDPA# \_\_\_\_\_, ICORE# \_\_\_\_\_

\_\_\_\_\_ Initial here if you will permit CBS to release your telephone numbers and email address to other CBS members.

**Waiver, Release and Covenant Not to Sue:** In consideration of Coastal Bend Shooters, it's officers, directors, representatives and assigns, hereafter referred to as CBS, permitting me to engage in firearms shooting activities of CBS wherever the same are held, I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights I, or anyone on my behalf might have against CBS for personal injury, bodily injury, or death, loss or damage to my property which I or anyone claiming by or through me may have against CBS as a result of my taking part in the firearms shooting activities sponsored by, sanctioned by or approved by CBS. Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in court to assert any claim against CBS, for any claim that I might have arising out of my participation in any activities sponsored by, sanctioned by or approved by CBS.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

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Coastal Bend Shooters  
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Corpus Christi TX 78415  
CBSHOOTERS.COM