

**Brock's Gap Training Center**  
**P.O. Box 360032, Birmingham, AL 35236-0032**  
**Membership Application**

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

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

Preferred Mailing Address: Home ( ) Business ( ) E-mail Address \_\_\_\_\_

**ACTIVE MEMBERSHIP IN THE NRA IS MANDATORY**

NRA Membership Card No. \_\_\_\_\_ Type: Life ( ) EPL ( ) Annual ( )

NRA Membership Expiration Date: \_\_\_\_\_

**Endorsement by two BGTC Members in good standing is mandatory. Personal Signatures are required**

Signatures (1) \_\_\_\_\_ (2) \_\_\_\_\_

Print Names (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Remit \$50 Initiation Fee with this Application.** Annual Membership Dues are \$240 or \$150 if 65 or older. Initial dues will be prorated based on date Membership is granted and are payable at Orientation session.

**Submit a photocopy of your Driver's License with this Application**

**Submit a photocopy of your NRA Membership Card with this Application**

**NOTE:** For Membership in the Brock's Gap Training Center, by action of the Board of Directors, as stated in the Association Bylaws, you are required to:

1. Be 19 years of age or older;
2. Be a member in good standing of the National Rifle Association of America;
3. Be endorsed by two BGTC members in good standing;
4. Satisfactorily complete an initial training session in Firearms Safety and Range Rules;
5. Satisfactorily participate in 2 (two) club sanctioned matches,
6. Satisfactorily complete a 12-month probationary period.

**THE NRA PLEDGE**

I CERTIFY THAT I AM A CITIZEN OF GOOD REPUTE OF THE UNITED STATES OF AMERICA; THAT I AM NOT A MEMBER OF ANY ORGANIZATION OR GROUP HAVING AS ITS PURPOSE OR ONE OF ITS PURPOSES THE OVERTHROW BY FORCE AND VIOLENCE OF THE GOVERNMENT OF THE UNITED STATES OR ANY OF ITS POLITICAL SUBDIVISIONS; THAT I HAVE NEVER BEEN CONVICTED OF A CRIME OF VIOLENCE; AND THAT, IF ADMITTED TO MEMBERSHIP I WILL FULFILL THE OBLIGATIONS OF GOOD SPORTSMANSHIP AND GOOD CITIZENSHIP.

**I agree to abide by the NRA Pledge, Association Bylaws, and Range Rules if accepted for membership in the BGTC.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**REFERRED BY (Member or Store):** \_\_\_\_\_

**BROCK'S GAP TRAINING CENTER  
P.O. Box 360032, Birmingham, AL 35236-0032  
ADDENDUM TO APPLICATION FOR MEMBERSHIP**

Full Name \_\_\_\_\_

All of the following questions must be answered with a **YES** or **NO**. The Applicant must sign this Addendum as well as the Application on the previous sheet.

1. Are you under indictment or information in any court for a crime for which the judge could imprison you for more than one year? An information is a formal accusation of a crime made by a prosecuting attorney. **YES** **NO** (Please circle one response)

2. Have you ever been convicted in any court of a crime for which the judge could have imprisoned you for more than one year, even if the judge actually gave you a shorter sentence? **YES** **NO**

3. Are you a fugitive from justice? **YES** **NO**

4. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? **YES** **NO**

5. Have you ever been adjudicated mentally defective or have you ever been committed to a mental institution? **YES** **NO**

6. Have you been discharged from the Armed Forces under dishonorable conditions? **YES** **NO**

7. Are you an alien illegally in the United States of America? **YES** **NO**

8. Have you ever renounced your United States citizenship? **YES** **NO**

9. Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such partner? **YES** **NO**

10. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? This includes any misdemeanor conviction involving the use or attempted use of physical force committed on a current or former spouse, parent, or guardian of the victim or by a person with a similar relationship with the victim. **YES** **NO**

11. Are you a citizen of the United States of America? **YES** **NO**

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO UNDERSTAND THAT THE MAKING OF A FALSE ORAL OR WRITTEN STATEMENT IS GROUNDS FOR IMMEDIATE REVOCATION OF MY MEMBERSHIP IN BROCK'S GAP TRAINING CENTER.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_

(RETURN THIS APPLICATION AND ADDENDUM TO BGTC AT THE ADDRESS ABOVE)

**RELEASE FROM LIABILITY AND ASSUMPTION OF RISK**

**STATE OF ALABAMA        )**  
**COUNTY OF SHELBY        )**

THIS IS A RELEASE FROM LIABILITY AND ASSUMPTION OF RISK. In consideration for being allowed to enter the premises and to view or participate in the activities of Brock’s Gap Training Center, (“BGTC”), I, the undersigned, hereby release, remise, and forever discharge and agree to defend and hold harmless and indemnify Brock’s Gap Training Center and their respective owners, officers, directors, agents, employees, successors, and assigns, of and from all liability, claims, demands, causes of action, and possible causes of action whatsoever, arising out of or related to any loss, damage, or injury (including death) that may be sustained by me (or my minor child), while in, on, en route to, from, or out of said premises from any cause whatsoever.

In signing this, I acknowledge my understanding and appreciation of the inherent dangers and risks associated with the activities that I (or my minor child) will be participating in with the Brock’s Gap Training Center. I am particularly cognizant of the risks and dangers associated with the use of firearms. I assume as my personal risk all the hazards of shooting activities and do hereby fully and irrevocably release and forever discharge Brock’s Gap Training Center and their respective owners, officers, directors, agents, employees, successors, and assigns, from any and all claims, demands, actions, losses, and/or liability of an kind, nature or description that may be sustained by me (or my minor child).

I hereby assume as my sole personal responsibility any and all costs incurred as a result of my (or my minor child’s) actions or in my (or my minor child’s) behalf for rescue efforts and all medical emergencies.

In signing this Release From Liability and Assumption of Risk, I represent that I have read this document, understand it, and sign it voluntarily. I acknowledge that this Release From Liability and Assumption of Risk shall be effective and binding upon me (or my minor child). I agree that this Release From Liability and Assumption of Risk is made and performed in Shelby County, Alabama, and is to be governed by Alabama Law.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_  
(Participant)

SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_  
(Guardian)

(Parent/legal guardian must sign for persons under the age of 18.)