
(PRINT NAME IN FULL)

Assoc. #

WARWICK RANGE ACTIVITIES COMMITTEE (WRAC)

WARWICK POLICE RANGE, WARWICK, RI

In order to continue the Sunday shooting program at this range facility, the following has been instituted:

1.) All persons using this range, when the facility is opened and under the supervision of the Warwick Range Activities Committee (WRAC), shall be required to become an associate member of the WRAC.

2.) Pay an annual assessment, to be determined by the WRAC, for liability insurance coverage. Coverage will be in the form of a "Special Club Policy for the National Rifle Association Affiliated Clubs". The limits of liability are as follows:

Liability - 1 million dollars each occurrence

Medical - 1 thousand dollars each person

Person insured - club member (Active, Junior, Associate, Retired or Honorary) against claims made or suits brought on account of bodily injury or property damage as respects their liability for activities of the club (WRAC) as such, or for activities which are performed on behalf of the club (WRAC).

WRAC ASSOCIATE MEMBERSHIP APPLICATION

I, _____, request membership in the Warwick Range Activities Committee (WRAC) as an associate member.

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ DOB: _____ Drivers Lic # _____

Have you ever been convicted of a criminal offense? Yes ___ No ___

NRA Member: yes ___ no ___ If yes NRA number _____

Received \$ 20.00

Date _____ By WRAC _____