

CWSA MEMBERSHIP APPLICATION / RENEWAL FORM

- New Members may submit their application and signed Liability Waiver to the Club or bring it to a new member orientation listed on the Club Calendar.
 - All members must have a signed Liability Waiver on file with the club.
 - For further information, contact the Membership Secretary listed on the website.
- Last edited 2026.02.12

**CENTRAL WHIDBEY
SPORTSMEN'S ASSOCIATION**
397 West Safari Street
Coupeville, WA 98239
www.CWSAOnline.org

----- PLEASE PRINT LEGIBLY -----

Check one: Former Member New Member Renewing Regular Member Renewing Senior Member
Over 65 yrs AND previous five continuous years of membership

Profession/Organization _____ Date of birth _____ / _____ / _____
Month Day Year

First name _____ MI _____ Last name _____

Address _____
 City _____ State _____ Zip _____

Email address _____ Phone number _____

Make and model of vehicle _____ Vehicle color _____ Vehicle license plate number _____

----- CLUB USE ONLY -----

Dues (choose one): • New Member - \$101 (Includes one key) • Renewing Regular Member - \$96 • Renewing Senior Member \$48 Late renewal re-instatement: • Regular \$121 • Senior \$73	+	Senior member: 65 and older AND a member for the previous consecutive five years.
Renewing members with no club service in previous year add \$50	+	Must be on the working party/RSO list provided by project coordinators
Postage/Handling - \$2 Off island residents only	+	Off island residents only. Island residents must renew in person.
CWSA Donation	+	
Other	+	
SUB TOTAL	+	
TOTAL <small>Add 3% for credit card use</small>	+	

Cash Check No. Credit Card

I certify that I am a citizen in good standing or a legal resident with supporting documentation of the United States. I am not a member of any organization seeking the forcible or violent overthrow of the United States Government or any of its political subdivisions. Furthermore, I have never been convicted of a crime of violence, and I am legally eligible to own, use, and possess a firearm. If admitted to membership, I pledge to fulfill the obligations of good sportsmanship and citizenship.

Member's Signature _____ Date _____

Printed Name of Associate (Spouse or family member under 18) _____
Last name First name MI

Signature of Associate _____ Date _____

Date of birth _____ / _____ / _____ Occupation/Specialty _____ Cash receipt Database

Month Day Year

Jurisdiction and venue for all disputes related to and/or arising out of this agreement shall be vested in the Superior Court of Island County, Washington.

I HEREBY EXPRESSLY RECOGNIZE THAT THIS AGREEMENT IS A CONTRACT PURSUANT TO WHICH I HAVE RELEASED ANY AND ALL CLAIMS AGAINST CWSA RESULTING FROM MY PARTICIPATION IN OR BEING A SPECTATOR OF FIREARM SHOOTING ACTIVITIES, INCLUDING ANY CLAIMS CAUSED BY THE NEGLIGENCE OF CWSA. I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL. I FURTHER CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND STATE THAT I AM NOT UNDER THE INFLUENCE OF ALCOHOL, DRUGS, AND/OR ANY OTHER MIND ALTERING SUBSTANCE.

Member's Signature Date

Printed Name

Date of birth / /
Month Day Year

Address

City State Zip

Signature of legal guardian if under 18 Date