



ASI MEMBERSHIP FORM

Name : _____ ASI# (if any) _____

Address: _____

City: _____ State: _____ Zip _____

Country: _____ Phone: _____

E-mail _____

Use of firearms or other weapons in a dynamic context brings about certain risks, including accidental injury that may prove fatal. The undersigned recognizes these risks, and assumes them voluntarily. In consideration for the right to participate in Action Shooting International, LLC events, and receive benefits of membership, the undersigned agrees to hold Action Shooting International, LLC and its members, agents, owners, and assigns free of liability arising from injuries sustained during one of its affiliated events.

Member Signature: _____ Date: _____

Annual Membership = \$35

3-Year Membership = \$90

5-Year Membership = \$140

Please remit check payable to:

Action Shooting International, LLC
2559 Woodbine Place
Bellingham, WA 98229

Action Shooting International, LLC®

2559 Woodbine Place, Bellingham, WA 98229 PH: (360) 391-1551 www.actionshootinginternational.com

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