

TURKEYFOOT LONGRIFLE 2026 MEMBERSHIP

Membership to a Gun Rights Organization is **required**. Application must be completed in its **entirety**. Membership dues are \$30.00 for individuals and \$35.00 for a family.

Please list names of family members included in the Family Membership.

*** Indicates required Question**

Email* _____ **Birthday** _____
(Write none if you don't have an email. This is the club's main form of communication. (Age Based Category Verification))

First and Last Name: * _____

Mailing Address: _____

Phone Number: * _____

Alias: * _____

Shooting Category: * _____

Membership Type* Single \$30 or Family \$35 or 1 Time New Shooter Free (Circle One)

List Spouse / Immediate Family Members

First Name (and Last Name if different)	Birthday	Alias	Category

GUN RIGHTS MEMBERSHIP AND NUMBER _____
Organization _____ Number _____

It is required to be a member of a gun rights organization such as USCCA, NRA, a state gun rights coalition, etc. Any questions about whether your organization qualifies, please ask.

What is your Shooting Interest? * (Circle all that apply)

Cowboy Action	22 Cowboy	General Target Practice
Wild Bunch	22 Semi Auto	Other
Black Powder	Plinking	

How did you hear about Turkey Foot Longrifles / Turkey Foot Cowboys? *

Membership Renewal	Friend	Facebook
Website		

Our club has many Volunteer Opportunities available. Are you interested in learning more or helping with projects? If so, please let the Officers know.

WAIVER AND ASSUMPTION OF RISK*

The undersigned voluntarily makes and grants this Waiver and Assumption of Risk in favor of Turkeyfoot Long Rifles and Turkeyfoot Cowboys for the opportunity to engage in the activity's events and sports festivities and or gatherings sponsored by the Turkeyfoot Cowboys. I do hereby waive and release any and all claims whether in contract or personal injury bodily injury property damage, damages, losses and or death that may arise from a forementioned use, as I understand and recognize that there are certain risks, and dangers and perils connected with such use, which I never the less accept, assume and undertake after inquiry and infestation of extent, duration and completeness. Wholly satisfactory and acceptable to me. I faithfully adhere to all safety instructions, and recommendations, whether oral or written. I hereby certify that I am a competent adult, assuming these risks of my own free will, being under no compulsion or duress.

This waiver and assumption of risk is effective as of January 1, 2026, through December 31, 2026, and may not be revoked, altered, amended, rescinded or voided.

Every Member, and any Guests must sign a waiver.

Signing this indicates that you have read and understand the above information.

Signature _____

Signature (other adult listed on form) _____

Please remit payment to William Locke in person or by mail to:

TFL Bill Locke, 1404 W. 3rd Street, Cedar Falls, Iowa 50613.

Emergency Contact for Self:

Please list Name and Phone Number of who should be contacted if something should happen to you.

Emergency Contact for others listed on the form.

Please list Name and Phone Number of who we should contact. If something should happen to others listed on your form. Occasionally, family doesn't always attend events together.

Thank you for your support of Turkeyfoot Longrifles!

Our Facebook Group is Turkeyfoot Cowboys and Longrifles Campfire (conversation group)

Our Facebook Page is Turkeyfoot Cowboys and Longrifles (Informative Postings)

Donations and receipts are available for those that need and/or request one. Just let a board member know that you need one.

If you have any suggestions at any time, please inform an officer or send an email to:

turkeyfootcowboys@gmail.com