

**MEMBERSHIP APPLICATION
MID PACIFIC PISTOL LEAGUE, INC.**

2855 E Manoa Rd Ste 105 #401 Honolulu HI 96822
Email: MPPL@MPPL.net Website: www.MPPL.net
NRA and USPSA affiliated.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ zip _____

Phone _____ Email _____ Age _____

NRA No. _____ Exp Date ____/____/____

USPSA Number _____ Exp Date ____/____/____

NROI Certification: RO CRO RM

Active Military Law Enforcement w/arrest powers

Emergency Contact _____ Phone _____

I certify that I currently meet all the legal requirements for the ownership and use of firearms in the State of Hawaii, and that the firearms and accessories that I use to participate in Mid Pacific Pistol League Club matches will be in compliance with the laws and statutes of the State of Hawaii.

I agree to abide by all Mid Pacific Pistol League safety regulations, and the rules and regulations of the Koko Head Shooting Complex while participating in Club events.

Waiver, release and indemnity agreement: I certify that I am familiar with firearms and understand the dangers associated with their use. I realize that it is entirely foreseeable that injuries to my person or property may result and can occur while participating in this event alongside other shooters. I understand and agree that if any injury were to result from this event it would not be the responsibility of the MID PACIFIC PISTOL LEAGUE, Inc. (MPPL), as they bear no responsibility for actions taken by those present at this event. I agree and assume risks of injury without reservations and agree to indemnify, defend and hold harmless from all liability MPPL, its officers, directors, agents, range officers, the United States Practical Shooting Association, and the City and County of Honolulu for any injuries or property damage incurred by or caused by me while participating in any MPPL activity. I hereby release MPPL from any liability and further waive all rights to any claims against MPPL that could be made by me or on my behalf. I specifically agree that this Release is voluntary and fully enforceable.

I certify that I have read and understood all the terms on this application and have truthfully answered all questions and supplied the information requested.

Signature _____ Date ____/____/____

Annual Membership: \$55 or Current NRA members: \$30
Annual Pro-rated Dues: April-June \$45/\$20 Jul-Sept \$40/\$15 Octo-Nov \$32/\$7

Amount Enclosed \$ _____

Approved by Director _____ Date ____/____/____