

## EASC Membership Renewal or new member application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Membership fees are \$50 per year, new or renewal \* (please circle one)

\*includes 2 raffle tickets

Enclose a check for \$50 and mail to:

Eastern Arenac Sportsmans Club

P.O. BOX 73

ALGER, MI 48610

**NEW REQUIREMENT FOR 2025 AND  
BEYOND. A PASSPORT QUALITY  
PHOTO IS REQUIRED WITH APPLICATION.  
EMAIL, TEXT PHOTO(SEE BELOW FOR DETAILS)**

If you have already paid your dues or are extended, you will receive your new card with the new gate combination sometime soon.

Other's joining or renewing will have their card mailed within days of us receiving your check.

The newsletter and renewals will also be either emailed or mailed to current members.

If you have questions, you can contact [Robin at 989-889-9360](tel:989-889-9360) or

[eastern.arenac@gmail.com](mailto:eastern.arenac@gmail.com).

**YOU CAN ALSO MAIL A CURRENT PHOTO**

Club Activities & Events are listed on the back of your membership card along with the new, current year gate combination.

## Waiver and Release of Liability

In consideration of the risk of injury while participating in Sportsmans club and gun range (the "Activity") and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims of causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Eastern Arenac Sportsman Club located at 2392 West Main Street, Twining, Michigan, 48766, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_