



International Defensive Pistol Association
Individual Membership Application

First Name			Last Name			
Email Address			Circle Here Yes May we contact you via email?			
Circle Here Yes Members can view and search for me via my city, state and country.						
Country						
Street Address Line 1			Street Address Line 2			
City			State		Zip Code	
Date of Birth			Active Military?		Gender	
Month	Day	Year	Circle Here Yes	Circle Here No	Circle Here Male	Circle Here Female
Primary Phone		Alternate Phone		Fax Number		

Type of membership applying for:			<i>Membership dues listed on our website at www.idpa.com supersede all published information.</i>	*Foreign membership dues are to be paid by credit card only.
Membership	American	Foreign*		
1 Year	\$40	\$60		
3 Year	\$105	\$165		

Payment may be made by check, money order, Visa, MasterCard, Discover or American Express.
 All returned checks will have a \$25 service charge applied.

My signature on this application certifies that I may legally possess firearms and that I will not use any skill I learn while participating in IDPA events for any illegal activity.

Note: IDPA allows junior members ages 12 - 21 as long as their parent or legal guardian signs their membership application and waiver with them and there is another person as the witness.

This application will NOT be processed unless completely filled out, signed and accompanied by a waiver that is signed and witnessed, regardless of age.

MEMBERSHIP APPLICANT SIGNATURE: _____

Parent or Legal Guardian Signature: _____

for Applicants under 21 years of age only

Bill Wilson, President John Sayle, Vice-President Joyce Wilson, Treasurer
 2232 CR 719, Berryville, AR 72616
 Phone: 870-545-3886 Fax: 870-545-3894 www.idpa.com



International Defensive Pistol Association

In consideration of THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION, a Delaware corporation, permitting me to become a dues-paying affiliate (member) of that corporation and in consideration of that corporation permitting me to engage in the firearms shooting activities of that corporation wherever the same are held in the United States or Internationally, I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights I, or anyone on my behalf, might have against that corporation, its officers and/or directors for personal injury (including death), loss or damage to my property which I (or anyone claiming by or through me) may have against that corporation, its officers and/or directors, as a result of my taking part in the firearms shooting activities sponsored by, sanctioned by or approved by that corporation, its officers and/or directors.

Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against that corporation, its officers and/or directors, for any claim that I might have arising out of my participation in any activities sponsored by, sanctioned by or approved by that corporation, its officers and/or directors.

I UNDERSTAND THAT ENGAGING IN DEFENSIVE PISTOL SHOOTING ACTIVITIES CONSTITUTES MY INVOLVEMENT IN A VERY HAZARDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS.

I AM OVER TWENTY-ONE (21) YEARS OF AGE.

I have read and understand the foregoing provisions of this **WAIVER, RELEASE AND COVENANT NOT TO SUE** and I have executed this instrument voluntarily on this date.

I recognize that the corporation, its officers and directors are not obligated to permit me to participate in any of the corporation's activities and may terminate my participation in such activities at any time and for any reason.

The effect of this instrument shall not preclude the prosecution any claim that I might have against persons or corporations other than THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION, its officers and/or directors. In other words, I am releasing, waiving my rights and agreeing not to sue THE INTERNATIONAL DEFENSIVE PISTOL ASSOCIATION, its officers and/or directors.

This instrument shall remain in full force and effect indefinitely.

Applicant Name (Please Print)	Date	Witness Full Name (Please Print)
Applicant Address		
Applicant Signature	Witness Signature. May be anyone 18 or older	
Parent or Legal Guardian Name - <i>for Applicants under 21 years of age only</i> - (Please Print)	Parent or Legal Guardian Signature - <i>for Applicants under 21 years of age only</i>	