

Cowtown Cowboy Shooters Association

Membership Application



Please select from the following options and place check mark in the appropriate box.

- | | |
|--|--|
| <input type="checkbox"/> New Member – Individual \$75.00 | <input type="checkbox"/> Renewal – Individual \$75.00 |
| <input type="checkbox"/> New Member (Family \$90.00)
(Spouse and Children under 18) | <input type="checkbox"/> Renewal – Family \$90.00 |
| <input type="checkbox"/> Snow Bird – Individual \$45
(October 1 through April 30) | <input type="checkbox"/> Current Member Information Update |
| <input type="checkbox"/> Snow Bird – Family \$60
(October 1 through April 30) | |

Member Name

(Last, First) _____ Phone # _____
Alias _____ e-mail _____
SASS# _____

Family Member Name

(Last, First) _____ Phone # _____
Alias _____ e-mail _____
SASS# _____

Family Member Name

(Last, First) _____ Phone # _____
Alias _____ e-mail _____
SASS# _____

Address

Street _____ Apt. # or P.O. Box _____
City _____ State _____ Zip Code _____

I hereby apply for membership with the Cowtown Cowboy Shooters Association (CCSA). If accepted as a member, I affirm that I will abide by the rules, policies and by-laws established by CCSA, I will conduct myself at all times in a manner that will not bring dishonor to CCSA, and that I fully support the purposes and objectives of CCSA.

Member Signature _____ Date _____

Family Member or Guardian Signature _____ Date _____

Family Member or Guardian Signature _____ Date _____

Make Check payable to: CCSA

Mail this form and payment to: [CCSA, PO Box 2040, Carefree, AZ 85377]. Or bring it to the next club match.

****All membership dues are due January 1 annually****

Office use only:

Membership Prorate number of months _____ CCSA number (if no SASS#) C _____