

# Cowtown Cowboy Shooters Association

## Membership Application



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

New Member – Individual \$75.00    Renewal – Individual \$75.00

New Member (Family \$90.00)                      Renewal – Family \$90.00

(Spouse and Children under 18)

Snow Bird – Individual \$45                      Snow Bird – Family \$60 (Oct 1-Apr 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 \_\_\_\_\_

Mail this form and payment to: **CCSA, 21443 W Hunter Dr, Wittmann, AZ 85361**. Or bring it to the next club match.

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

Office use only:

Membership Prorate number of months \_\_\_\_\_ [www.ccsa-az.us](http://www.ccsa-az.us)