

FLORIDA SPORT SHOOTING ASSOCIATION

Membership Change of Address

Membership: FSSA # _____

First Name: _____ **M.I.** _____

Last Name: _____

OLD ADDRESS:

Address: _____ **Apt:** _____

CITY: _____ **STATE** _____ **ZIP + 4:** _____

NEW ADDRESS:

Address: _____ **Apt:** _____

CITY: _____ **STATE** _____ **ZIP + 4:** _____

PHONE #: _____

EMAIL: _____

MAIL TO
FSSA
P.O. Box 14024
Jacksonville, Fl 32238-4024