FLORIDA SPORT SHOOTING ASSOCIATION
Individual Membership Application

MEMBERSHIP: ❍ NEW ❍ RENEWAL -- FSSA Member #_____
(PLEASE PRINT LEGIBLY WHEN COMPLETING THIS FORM)

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS _____ APT/SUITE _____

CITY _____ STATE _____ ZIP + 4 _____ – _____

HOME PHONE (_____)_____ FAX/CELL/OFFICE PHONE (_____)_____
Area Code Area Code

EMAIL _____

BIRTH DATE _____ Are you member of NRA? _____USAS?_____

MEMBERSHIP CATEGORIES:

❍ JUNIOR ------- $ 7.50
❍ ANNUAL ----- $ 20.00
❍ LIFE ---------- $300.00
❍ 6-YEAR ANNUAL ------ - $100.00

METHOD OF PAYMENT:

❍ CHECK OR MONEY ORDER Amount: _____ Check/M.O. Number: _____

❍ CREDIT CARD ❍ VISA ❍ MASTERCARD

CARD NUMBER _____ EXPIRATION DATE (MO/YR) _____

FSSA NEWSLETTER -- MIXED CALIBERS

(Please select one choice below)

❍ MAILED TO YOUR HOME (4 issues / year) ❍ DOWNLOADED FROM FSSA WEBSITE (4 issues / year)

I certify that I am an individual of good repute, have never been convicted of a crime of violence, subscribe to the purpose and objectives of the FSSA, and meet the specific requirements for membership.

SIGNATURE _____

(OPTIONAL): SPONSORED BY _____

MAIL THIS COMPLETED FORM ALONG WITH PAYMENT TO:

Florida Sport Shooting Association
P.O. Box 14024
Jacksonville Fl 32238-4024