

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/WORK PHONE (_____) _____
Area Code Area Code

EMAIL _____

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

MEMBERSHIP CATEGORIES:

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

METHOD OF PAYMENT:

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

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 65353
Orange Park, FL 32065