



**APPLICATION FOR MEMBERSHIP**

Please Print

**SASS #**

Name: \_\_\_\_\_ Alias: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Alias: \_\_\_\_\_  
 Additional Family: \_\_\_\_\_ Alias: \_\_\_\_\_  
 Additional Family: \_\_\_\_\_ Alias: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 NRA Number: \_\_\_\_\_

RO I & RO II Certification: \_\_\_\_\_  
 Other Certifications: \_\_\_\_\_

Date Paid	Amount	Individual Family	Expiration Date	Received By	Cash	Check #

As a member of Arizona Cowboy Shooters Association, Inc. I do hereby agree to abide by the rules and regulations set forth in the by-laws of the Association.

Signature: \_\_\_\_\_