THE COWBOYS APPLICATION FOR MEMBERSHIP

Date of Application: _____

_____ New Member
_____ Renewal
_____ Reinstatement

_____ $45/year – Individual
_____ $75/year – Family

Applicant	SASS #	Shooting Alias	Name
Primary	_____	_____	_____
Spouse	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____		_____

Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____

Make check out to: ***The Cowboys***

Mail to: **THE COWBOYS**
P.O. Box 804
Garden Grove, CA 92842