

JEFFERSON STATE SHOOTING ASSOCIATION, Inc.

MEMBERSHIP APPLICATION/RENEWAL

please print

name _____

address _____

city _____ state _____ zip _____

phone _____

N.R.A membership no. _____ Renewal date ____ ____ ____

Bill Scholtes Klamath Sportsman's Park membership number _____

EMAIL ADDRESS _____

Your email address will not be shared, sold or given to anyone. JSSA will only use it to message you directly.

If you are renewing your JSSA membership, please tell us what year you first
joined _____

Please check the line/s that apply to you;

I'm older than 18 __ 25__ 35__ 45__ 55__ 65 __ dirt __

There are times when it is helpful to know the average age of our members and how many are in a certain age group. None of the personal information you have given us will be used for any purpose that does not directly benefit JSSA. No information will be sold or used for commercial purposes.

Annual dues are \$20.00 per year, \$10.00 per year for college students, and are payable on January 1. Make checks payable to JSSA and send payment with your completed application/renewal form to

JSSA MEMBERSHIP
P.O. Box 7178
Klamath Falls, OR 97602-0178