

## WSSA New/Renewal/Life Membership Application

Name \_\_\_\_\_ (Please Print Clearly)

NSSA Membership # (If new = NEW) \_\_\_\_\_ WSSA Membership # (If New = NEW) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone AC \_\_\_\_\_ # \_\_\_\_\_ E-mail \_\_\_\_\_

**Club Affiliation - Please circle one (1) only – Must be a dues paying or life member of club declaring. Will be used to determine club member is representing during state shoot 5 man team challenge and for the annual member counts club represents at the annual advisory board meeting.**

**Bremerton      Lynden      McChord      Seattle      Spokane      Sun Valley**

**At-Large** (Not a member of any of the above WSSA affiliated clubs)

Please circle One (1)      **New Annual \$10.**      **Annual Renewal \$10.**      **New Life \$100.**

**Club Taking Membership** \_\_\_\_\_ **Date** \_\_\_\_\_

If remitting by mail: **WSSA %Norm Andersen 8614 Onyx Drive SW Unit E  
Lakewood WA 98498-4807**

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