

# SST Club Membership Application/Renewal

Date: \_\_\_\_\_



☐ New (if joining Jan-Jun) **(\$200)** ☐ New (if joining Jul-Dec) **(\$125)**

(Includes \$50 Initiation Fee for New Membership)

☐ Renewal (annual) **(\$150)**

New member dues based on when the application is made as shown above.  
All memberships are due for renewal by January 1 of the coming year.

**Prorated dues apply to NEW regular membership applications only, not to renewals.**

Life memberships are available. Contact the club for information.

*Please print CLEARLY and LEGIBLY  
using a black pen to avoid delays in processing!!*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Please email me announcements of club activities.

☐ I am a member of the NRA

☐ Please do not send me a newsletter, I'll download it from [SSTClub.com](http://SSTClub.com)

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**Family members needing membership cards (Must be dependents on your IRS Form):**

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

**Spouses and dependents shoot at member rates and may purchase rounds at the member price and components. They do not have voting rights in club matters.**

Send this application and check to:

**SST Club  
26520 292nd Ave SE #3  
Ravensdale, WA 98051-8633**

----- CLUB USE ONLY BELOW THIS LINE -----

Date Processed: \_\_\_\_\_

Member #: \_\_\_\_\_

**Range Master: Place a copy of this in  
the Membership box.**

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_