



Roop County Cowboy Shooters Association

Membership Application

Name: _____ Alias: _____

Address: _____ City: _____ St. _____

Zip: _____ PH#: _____ E-mail: _____

Spouse S/O: _____ Alias: _____

Junior: _____ Alias: _____

Junior: _____ Alias: _____

SASS #: _____ NRA#: _____

Emergency Contact: _____ PH#: _____

Make check or money order payable to **RCSSA** & send to
PO Box 5088 - Sparks, NV. 89432-5088

\$ _____ Initial Shooter \$25.00

\$ _____ Spouse S/O \$10.00

\$ _____ Jr. Shooter(s) \$10.00 Each

\$ _____ Renewal Membership (Initial Shooter) \$20.00

\$ _____ Renewal Membership (Family Members \$10.00 Each)

\$ _____ Life Membership \$200.00 - Alias: _____

\$ _____ Total Enclosed

Club Use Information:

Date Received: _____ Ck/Mo #: _____ Mem#: _____ Dues paid to: _____