



Sonoma County Shooting Association Inc.



P.O. Box 1186, Rohnert Park, CA 94927-1186
CMP #62265

www.sonomacountyshootingassociation.org

Application for New Membership:

Name: _____
Last First Middle/Initial

Address: _____

City, State, Zip: _____

Home Phone: _____ Work/Cell: _____

Email address: _____

Are you 21 or over? _____ Year of birth: _____

Are you a US Citizen? _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of a
misdemeanor crime of domestic violence? _____

I certify that the foregoing is correct.

I understand and agree to observe all club range and membership rules.

Signature: _____ Date: _____

Dues \$30 per year plus service fee. Due annually on January 1st. Pay by invoice or on website.

Membership number (will be filled out by SCSA Secretary): _____