SIN CITY MOUNTED SHOOTERS

www.sincitymountedshooters.com

Jan-Dec 2019 Membership Application

Membership type: ____Single Membership \$40 ____ Family Membership \$60

Mail Checks: Trudy Lawrence 471 Hidden Garden Place Henderson, NV 89012



NAME:	SHOOTER NICKNAME:		
ADDRESS:			
HOME PHONE:	MOBILE PHO	NE:	
EMAIL ADDRESS:		CMSA #:	CMSA LEVEL
OTHER CLUB MEMBERSHIPS (check all that apply):	_MSA#:	APHA#:	AQHA #
For Family Membership, please provide information for	family members t	o include spouse and/or	r children under 21 residing in your ho
NAME:	SHOOTER	NICKNAME:	
RELATIONSHIP:	MOBILE PH	IONE:	
EMAIL ADDRESS:			
OTHER CLUB MEMBERSHIPS (check all that apply):	_MSA#:	APHA#:	AQHA #
NAME:	SHOOTER	NICKNAME:	
RELATIONSHIP:	MOBILE PHONE:		
EMAIL ADDRESS:		CMSA #:	CMSA LEVEL
OTHER CLUB MEMBERSHIPS (check all that apply):	_MSA#:	APHA#:	AQHA #
NAME:	SHOOTER	NICKNAME:	
RELATIONSHIP:	MOBILE PHONE:		
EMAIL ADDRESS:		CMSA #:	CMSA LEVEL
OTHER CLUB MEMBERSHIPS (check all that apply):	_MSA#:	APHA#:	AQHA #
READ AND SIGN THE BOTTOM: The undersigned a abiding members of society; - that they and all family me ammunition, - that they and all family have never been c agree to abide by the rules and practices of the SCMS, C to become a member of the Sin City Mounted Shooters is defined in the association by-laws.	embers are not pro onvicted of a felo MSA, CSA, NRA	ohibited by law from ha ny or have criminal cha and other affiliated org	andling, using, or owning firearms or urges pending, - that they and all family ganizations, - that they and all family w
Signed			Date
*******FOR CLUB USE O	NLY DO NO	T WRITE IN T	HIS AREA******
Amount Tendered: \$	Cash	Check #_	
Release Form(s) Signed and Enclosed_			
Received by:			