



CANADIAN SHOOTING SPORTS ASSOCIATION

LEADING THE WAY...

MEMBERSHIP APPLICATION FORM

(Please Print)

Salutation (Mr., Ms., Mrs., Miss., Dr.) _____ FIRST NAME _____

SURNAME _____

STREET, APT. # _____

CITY _____ PROV. _____ POSTAL CODE _____

RES. TEL (____) _____ BUS TEL. (____) _____ FAX (____) _____

E-MAIL _____ NAME OF CLUB _____

SHOOTING DISCIPLINE: Rifle Handgun Shotgun Black Powder Collecting Hunting

SIGNATURE OF APPLICANT _____ DATE _____

NEW MEMBERSHIP RENEWAL (Mem #) _____

Membership Options (please circle choice): Please Supply a list of names and their relationship to the applicant

	<u>1 YEAR</u>	<u>2 YEARS</u>	<u>Uninsured 1 YEAR</u>
General	\$45.00	\$85.00	\$30.00
Family	\$80.00	\$155.00	\$60.00
Junior	\$27.00	\$49.00	\$20.00
Corporate	\$250.00		
Life	\$950.00		

JUNIOR MEMBERSHIP: Members who have not reached their 18th birthday.

FAMILY MEMBERSHIP: Member + spouse + children under the age of 21 living at home and in full attendance at school.

FEE ENCLOSED:	\$ _____
I would like to make a CONTRIBUTION of \$50 \$100 Other to:	
Legal/Legislative Fund	\$ _____
Political Action Fund	\$ _____
Junior Fund	\$ _____
TOTAL PAYMENT:	\$ _____

PAYMENT OPTIONS:
VISA MASTERCARD CASH MONEY ORDER CHEQUE
Card No. _____ Expiry Date _____ Cv _____
Signature _____
SEND CHEQUE OR MONEY ORDER TO:
CANADIAN SHOOTING SPORTS ASSOCIATION
1143 Wentworth Street Unit 204, Oshawa, ON. L1J 8P7
Toll Free: 1-888-873-4339
E-MAIL: info@cssa-cila.org