

# COLORADO STATE SHOOTING ASSOCIATION

## PERSONAL MEMBERSHIP

Adult New 1 Year	\$30 _____	Family New	\$40 _____	Life	\$550 _____
Adult Renewal 1 Year	\$25 _____	Family Renewal	\$35 _____	Painless Life	\$25 _____
Adult 2 Year	\$50 _____	Junior	\$7 _____	(\$25 quarterly, \$550 total)	
Adult 3 Year	\$70 _____	Adult 5 Year	\$99 _____	Bill my credit card quarterly	_____

Name \_\_\_\_\_  
(First) (Middle or Initial) (Last)

Street (or P. O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

I wish to make an additional donation. \$ \_\_\_\_\_ to Help Finance CSSA Operations and Programs!

"It is the committed, standing policy of the Colorado State Shooting Association that member information shall not be shared with nor provided to any other individual, group or organization outside of the Association."

## BUSINESS MEMBERSHIP

**Business \_\_\_\_\_ Gun Club \_\_\_\_\_ Gun Range \_\_\_\_\_ Instructor \_\_\_\_\_ (\$75 Annually)**

Club or Business Name \_\_\_\_\_ # Members \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Open to the Public? Yes \_\_\_\_\_ No \_\_\_\_\_ Special Events Only \_\_\_\_\_ Web Site \_\_\_\_\_

Hours of Operation \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Name of Contact \_\_\_\_\_

Product and or Service  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Payment by check or credit card please

Check \_\_\_\_\_ or Type of Card: \_\_\_\_\_ Name On Card: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

**Mail to:**  
**Colorado State Shooting Association**  
**609 West Littleton Blvd., Suite 206**  
**Littleton, CO 80120-2352**  
**Voice 720-283-1376 www.cssa.org Fax 720-283-1333**