

2017 WSSA New/Renewal Membership Application

(Please print clearly, **especially the E-mail address**)

Name _____ WSSA Membership # _____
NSSA Membership # _____
(If new member = NEW)

Address _____

City _____ State _____ ZIP _____

Telephone _____ (home) _____ (work or cell)

E-mail _____
(If renewal, please include your email address even if it has not changed)

CLUB AFFILIATION - Must be a paid annual or life member of one of the six clubs listed below (used for state shoot 5-man club team trophy and club counts.)

CIRCLE ONE (1) CLUB or At-Large ONLY.

Bremerton McChord Seattle Spokane Lynden Colville* At-Large***

*Colville is not a current member of WSSA thus not eligible for club trophy.

*** At-Large is not a dues-paid annual or life member of any of the above-listed clubs

Please circle one: New Annual - \$15 Renewal - \$15 Youth - Free (17 & under)
(WSSA life membership is not available.)

Club taking membership _____ Date _____

If remitting by mail, send to: **WSSA c/o Barbara Clark, POB 146, Spanaway, WA 98387**