



# FLORIDA SPORT SHOOTING ASSOCIATION

## Club Membership Application

Welcome or welcome back!

*Please write neatly, then send this form and payment to:*

Florida Sport Shooting Association

Doc Kokol, Membership Director

2107 Gibbs Drive

Tallahassee, FL 32303

**FSSA Member #** \_\_\_\_\_ **Affiliated with:** NRA \_\_\_\_\_ CMP \_\_\_\_\_ USAS \_\_\_\_\_

Club Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Apt / Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

Email \_\_\_\_\_

**Disciplines Available** (circle all applicable) Silhouette Smallbore High Power Pistol

Shotgun Other: \_\_\_\_\_

**Does your club offer a junior program?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Does your club offer a women's program?** Yes \_\_\_\_\_ No \_\_\_\_\_

**How Did You Learn About FSSA?** (circle one) My Members NRA CMP USAS Web

Other \_\_\_\_\_

**Annual Club Membership \$50**

I certify that this club, association, or other non-profit organization subscribes to the purpose and objectives of the FSSA, and meets the specific requirements for membership.

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_