ANNUAL MEMBERSHIP APPLICATION

Date: _____

☐ New ☐ Renewal

☐ NSC Membership: $165
☐NSSA ☐NSCA (**SELECT ONE**)

☐ NSC Discounted Membership: $125
(**MUST BE A CURRENT NSSA/NSCA MEMBER**)

☐ NSC Youth Membership: $50
☐NSSA ☐NSCA (**SELECT ONE**)

☐ NSC Youth Discounted Membership: $30
(**MUST BE A CURRENT NSSA/NSCA MEMBER**)

☐ NON-MEMBER INFORMATION

MEMBER

PLEASE PRINT CLEARLY

Name:_____ D.O.B___/___/___
First Middle Last

Address:_____ ☐ MALE ☐ FEMALE
Street or Box

_____ _____ _____
City State Zip

Phone:_____ E-Mail: _____

NSC#_____ NSSA#_____ NSCA#_____ ATA#_____

NSC ASSOCIATE MEMBER

Name A: _____Relation: _____ D.O.B___/___/___
First Middle Last

Name B: _____Relation: _____ D.O.B___/___/___
First Middle Last

Name C: _____Relation: _____ D.O.B___/___/___
First Middle Last

Name D: _____Relation: _____ D.O.B___/___/___
First Middle Last

PAYMENT INFORMATION: Total Amount: $_____

☐ Check enclosed ☐ Credit Card number:_____

☐ MasterCard ☐ VISA ☐ AM/X ☐ Discover Exp. Date (mm/yy): ____/____ Security Code#_____

Signature: _____

Please include a check or credit card information for membership.

NATIONAL SHOOTING COMPLEX
Re: Royce Graff
5931 Roft Road
San Antonio, TX 78253