Danbury Shooting Sports Association Inc.

Box 7145 Wilton Connecticut 06897

Membership Application 2024

Must be filled out completely and legibly

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_

Occupation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony No \_\_\_\_\_ Yes \_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two non-family personnel references:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License Ct. \_\_\_\_ N.Y. \_\_\_\_ Other \_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Connecticut Pistol Permit Yes \_\_\_\_ No \_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DSSA Member endorsement (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby submit my application for membership to DSSA. If elected to membership I will comply all rules and by laws of DSSA.

Fees Adult $150.00 ( Youth 14 -17 $65.00) (Junior 10 to 13 $35.00)

WE NEED OUR MEMBERS TO VOLONTEER AS RSOs

Volunteer as: Range Officer / Assistant Range Officer \_\_\_\_\_\_\_\_ Clean Up & Repairs \_\_\_\_\_\_\_

Are you currently a certified RSO \_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

This application does not guarantee membership. False statements are grounds for dismissal.

I.D. Checked by (DSSA Staff) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Number of applicant \_\_\_\_\_\_\_\_\_\_\_\_