

Danbury Shooting Sports Association, Inc.
POB 7145, Wilton, Connecticut, 06897

MEMBERSHIP APPLICATION - 2020
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 ? Yes ____ No ____

Email address: _____

Please list two(2) personal References:

Name _____ Phone _____

Name _____ Phone _____

Drivers license: CT ____ N.Y ____ Other _____ Number _____

Connecticut Pistol Permit: Yes ____ No ____ Number _____

Are you an NRA member? Yes ____ No ____

DSSA Member Endorsement(*optional*) : _____

I hereby submit my application for membership in DSSA. If elected to membership, I will comply with all rules and by-laws of said organization. Enclosed is my application fee of **\$150.00** (**\$65.00** for Youth(14-17) / **\$35.00** for Junior(10-13)).

8 Hours of volunteer service per member is requested per season

Volunteer as: Cleanup _____ Repairs/Alterations _____

Instructor _____ Range Officer _____ Other _____

Signed _____ Date _____

This application does not guarantee membership. False statements are grounds for dismissal. If this application is rejected, all application fees will be refunded.

DSSA Investigating Committee Report: _____

Application & ID checked by: _____ Member # _____