Danbury Shooting Sports Association Inc.

Box 7145 Wilton Connecticut 06897

Membership Application 2022

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 f	felony No	Yes	
Email address:			
Two non-family personnel references:			
Name	Phone		
Name	Phone		
Drivers License Ct N.Y Oth	er Numbe	er	
Connecticut Pistol Permit Yes No _	Number _		
DSSA Member endorsement (Optional)			
I hereby submit my application for memberall rules and by laws of DSSA.	ership to DSSA	. If elected to membershi	p I will comply
Fees Adult \$150.00 (Youth	14 -17 \$65.00)	(Junior 10 to 13 \$35.00))
8 Hours of Volunteer serv	ice is requeste	d per member per year.	
Volunteer as: Range Officer / Assistant R	Range Officer _	Clean Up & Rep	oairs
Signature		Date	
This application does not guarantee men	mbership. False	statements are grounds	for dismissal.
I.D. Checked by (DSSA Staff)	Mem	ber Number of applicant	