SASKATCHEWAN ASSOCIATION OF WILD WEST SHOOTERS

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone #: _____

E-mail: _____

SASS #: _____ Other #: _____

Do you have insurance with NFA/CSSA or Home Club?

Yes ☐ **/ No** ☐

Your home club: _____

Your Alias: _____

New Membership/Renewal Mem#_____

☐ Regular $50 ☐ Life $500 ☐ Cheque ☐ Cash ☐ Money Order

EFT : sawws@sasktel.net ☐

Send membership applications to (or for more information):

Wild Boone Box 2877

Meadow Lake, SK S9X 1Z6

E-mail: ddrager35@yahoo.ca