Briggsdale County Shootists Membership Application								
APPLICANT INFORMATION								
Name:								
Alias:			SASS#				Expiration Date:	
Current address:								
City:				State:			ZIP Code:	
E-Mail				Phone:				
SPOUSE INFORMATION IF JOINT MEMBERSHIP								
Name:								
Alias:				SASS#			Expiration Date:	
Current address:								
City:				State:			ZIP Code:	
E-Mail				Phone:			I	
JUNIOR INFORMATION								
Name:							DOB	
Alias:				SASS#			Expiration Date:	
Current address:							I	
City:				State:			Phone:	
Relationship:								
EMERGENCY CONTACT								
Name:								
Current address:								
City: State:				ZI			P Code:	
Phone:								
DUES INFORMATION								
Main Member:				\$50 C		Cl	necks Payable: Briggsdale County Shootists	
Spouse/Significant Other:					\$30			
Junior:					FREE Same Household as Main Member			
OFFICE USE ONLY								
AMT PAID:	DATE:		CASH/CHECK#					
BCS Main #:	S Main #: S/SO #:					Junior#:		
SIGNATURES								
Signature of applicant:							Date:	
Signature of spouse (only if for a joint membership):  Date:							Date:	