

Saint Augustine Practical Shooting Association

Membership Application for 2013

I, the undersigned, hereby apply for membership in the above named organization. I am joining of my own free will, full aware of the risks and hazards associated with this and all shooting sports. I further state and affirm that I will be totally responsible for my own actions and will not hold the above named organization liable or responsible for any possible injury or damage to myself or to any property. I also agree to abide by all by-laws and safety rules of the organization.

I, the undersigned, certify that I am not a member of any group, organization or association that advocates the overthrow, by force or violence, of the government of the United States of America. I also certify that I may legally possess and use firearms, including handguns, in the State of Florida and the United States of America in full and complete accordance with local, state and federal laws.

Signature _____

Print Name _____

Address _____

City, State, Zip _____

Email address _____

Phone _____

Today's Date _____

(Please circle appropriate responses)

Are you a member of the **National Rifle Association**? Yes No

Are you a member of the **United States Practical Shooting Association**? Yes No

If yes, what is your USPSA number? _____

Do you hold a certification from the **National Range Officer's Institute**? Yes No

If yes, what is your rating? _____

Annual Dues: Individual Membership \$25.00
Family Membership \$35.00 (fill out application form for each family member)

PAID : CASH _____ CHECK _____ REC'D CARD: yes no