

**SINGLE ACTION SHOOTISTS OF HAWAII
MEMBERSHIP APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

EMPLOYER/OCCUPATION: _____

PHONE – HOME: _____ WORK: _____

EMAIL: _____ ALIAS: _____

SHOOTING CLASS (traditional, modern, etc.): _____

SPOUSE’S NAME: _____ ALIAS: _____

SPOUSE’S SSN #: _____ - _____ - _____ DOB: _____

SHOOTING CLASS (traditional, modern, etc.): _____

ARE YOU AN NRA MEMBER? Y / N NRA #: _____

IS YOUR SPOUSE AN NRA MEMBER? Y / N NRA #: _____

ARE YOU A SASS MEMBER? Y / N SASS #: _____

IS YOUR SPOUSE A SASS MEMBER? Y / N SASS #: _____

ATTACHED IS CHECK # _____ FOR \$ _____

ANNUAL MEMBER () NEW (\$35.00) OR () RENEWAL (\$25.00)

JUNIOR MEMBER (ea) \$15.00 PER YEAR () NEW OR () RENEWAL

JOINT MEMBER (ea) \$15.00 PER YEAR () NEW OR () RENEWAL

() GIFT MEMBERSHIP FROM: _____

() RECRUITED FOR MEMBERSHIP BY: _____

APPLICANT’S SIGNATURE DATE

SPOUSE’S SIGNATURE DATE

Questions? Please call / contact: Kevin Andreshak
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