

Montana Shooting Sports Association
Application for Membership

(Print out and mail to: MSSA P.O. Box 4924, Missoula, MT 59806)

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____

Fax: _____

I am a member of the NRA: Yes ___ No ___

NRA #: _____

Email: _____

I am applying for the following type of membership:

___ Annual \$25/yr.

___ Family \$35/yr.

___ Junior annual \$5/yr.

___ Life \$400

___ Endowment \$800

___ Patron \$1200

___ Benefactor \$2400

___ Adult Club \$25/yr.

___ Junior Club \$10/yr.

Business Membership:

___ Bronze Sponsor \$100/yr.

___ Silver Sponsor \$250/yr.

___ Gold Sponsor \$500/yr.

___ Platinum Sponsor \$1000/yr.

If renewing, give MSSA # _____

I hereby make application to join the MSSA under the plan and terms as noted above. I support the U.S. Constitution and its Second Amendment and the Montana Constitution and Article II, Section 12 thereof.

(Please sign and enclose check for appropriate amount)

Signed: _____

Date: _____