



FLORIDA SPORT SHOOTING ASSOCIATION

Membership Application

Welcome or welcome back!

Please write neatly, then send this form and payment to:

Florida Sport Shooting Association

Doc Kokol, Membership Director

2107 Gibbs Drive

Tallahassee, FL 32303

FSSA Member # _____ **Are you an NRA member?** _____ **USA Shooting?** _____

First Name _____ **M.I.** _____ **Last Name** _____

Address _____ **Apt / Suite** _____

City _____ **State** _____ **ZIP** _____

Home Phone _____ **Other Phone** _____

Email _____ **Birth Date** _____

Name Your Discipline (circle all you like) Silhouette Smallbore High Power Pistol
Shotgun Other: _____

Membership Categories (circle one) Junior (under 21) \$7.50 Annual \$20
6-Year \$100 Life \$300

How Did You Learn About FSSA? (circle one) My Club NRA CMP USAS Web search
Other _____

I certify that I am an individual of good repute, have never been convicted of a crime of violence, subscribe to the purpose and objectives of the FSSA, and meet the specific requirements for membership.

Signature _____ **Date** _____