

SST Club Membership Application/Renewal

Date: _____



New (Jan-Jun) **(\$150)**

New (Jul-Dec) **(\$100)**

(Includes \$50 Initiation Fee for New Membership)

Renewal (annual) **(\$100)**

New member dues based on when the application is made as shown above.
All memberships are due for renewal by January 1 of the coming year.

Prorated dues apply to NEW regular membership applications only, not to renewals.

Life memberships are available. Contact the club for information.

Please print CLEARLY using a black pen to avoid delays in processing.

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Please email me announcements of club activities.

I am a member of the NRA

Please do not send me a newsletter, I'll download it from SSTClub.com

Emergency Contact: _____

Phone: _____

Family members needing membership cards (Must be dependents on your IRS Form):

Spouse: _____

Children: _____

Spouses and dependents shoot at member rates and may purchase rounds at the member price and components. They do not have voting rights in club matters.

Send this application and check to: **SST Club**
26520 292nd Ave SE #3
Ravensdale, WA 98051-8633

----- CLUB USE ONLY BELOW THIS LINE -----

PAID BY: CASH CHECK CC/Debit

JOINED: AT CLUB BY MAIL

Date Processed: _____

Member #: _____

Range Master: Place a copy of this in
the Membership box.

CARD ISSUED BY: _____ DATE: _____