



White Mountain Old West Shootists



"I _____ certify that I am not a member of any organization (printed name) or group having as its purpose, or one of its purposes, the overthrow by force, or violence, of the government of the United States or of any of its political subdivisions; that I have never been convicted of a crime of violence; and that if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship and will abide by all the rules and by-laws of the White Mountain Old West Shootists, Arizona Revised Statutes and Federal Law."

Dues \$amts-20.00 individual/30.00 Family/40.00 (couple-voting rights)

APPLICANT: New Membership \$ _____ Renewal Membership \$ _____

* NEW MEMBER REFERRED BY _____

Print Name: _____

Alias: _____ SASS # _____ Shooting Classification _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Number: _____

Email Address: _____

Emergency Contact Name: _____ Contact Number: _____

*I understand contestant will abide by the rules set forth in this agreement and by all SASS rules."

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

**If you want to mail your yearly dues send it to:
Mike Hesse
201 E. Sierra Pines Dr.
Show Low, AZ. 85901**