

## APPLICATION FOR NEW MEMBERS

**Windy Plains Drifters, Cowboy Action Shooting Club.**

**Please complete and return with payment and waiver.**

Annual Dues: \$40/ individual \$55/ family (Dues renew on January 1<sup>st</sup> each year.)

Family: 2-3 immediate family members living in the same household.

Match fees: \$10/members (2/\$15) \$15/non-members (2/\$20) (\$5/each additional family member for members and non-members.) Buckaroos 12 and under: free

Annual Range Fee (ARF): Members only: \$100 for 10 shoots. No additional fees if shoot more than 10 in a year. Do not have to pay in cash or tickets at matches. Tickets: Members only: \$10/ticket. Pay with tickets instead of cash at each match. Purchase in bundles of 5. Can also give as gifts.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ ALIAS: \_\_\_\_\_

SASS # \_\_\_\_\_ RO1 \_\_\_\_\_ RO2 \_\_\_\_\_ NRA # \_\_\_\_\_

SHOOTING CATEGORY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Home: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MEMBERSHIP: SINGLE \_\_\_\_\_ FAMILY \_\_\_\_\_

Additional Family Members:

Name: \_\_\_\_\_ Alias: \_\_\_\_\_ Cat: \_\_\_\_\_

Name: \_\_\_\_\_ Alias: \_\_\_\_\_ Cat: \_\_\_\_\_

In Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Windy Plains Drifters, C.A.S.

Svenska Annie, secretary [resherman1@gmail.com](mailto:resherman1@gmail.com) 509-953-1113 (call or text)

WPD Mailing address: PO Box 1469 Medical Lake WA 99022

[www.windyplainsdrifters.com](http://www.windyplainsdrifters.com) Physical Address: 26127 W. Lehn Rd. Medical Lake WA 99022

Record-keeping: Amt. Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check/# \_\_\_\_\_ ARF: \_\_\_\_\_ Tickets:# \_\_\_\_\_