



## MEMBERSHIP APPLICATION

Please, present this completed form to a Club Representative or mail to:

Safecracker Solon  
Membership Director  
1005 W. Walnut St., Carbondale, Il. 62901

Name: \_\_\_\_\_

Shooting Alias: \_\_\_\_\_ SASS # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone Evening: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### FAMILY MEMBERS:

Spouse/Significant Other Name: \_\_\_\_\_

Shooting Alias: \_\_\_\_\_ SASS # \_\_\_\_\_

Junior (17 and under): \_\_\_\_\_

Shooting Alias: \_\_\_\_\_ SASS # \_\_\_\_\_

Junior (17 and under): \_\_\_\_\_

Shooting Alias: \_\_\_\_\_ SASS # \_\_\_\_\_

### METHOD OF PAYMENT

Make checks payable to: Kaskaskia Cowboys

Annual Membership \$20.00      Life Membership \$150.00      Family Life \$200.00

By signing this application, the applicant agrees not to belong to any organization that advocates subversive action against the United States of America

Signature \_\_\_\_\_ Date \_\_\_\_\_