CORAOPOLIS DISTRICT SPORTSMEN'S ASSOCIATION

106 Coketown Rd. Coraopolis, PA 15108 phone: 412-264-9920 website: www.cdsa.biz

APPLICATION for MEMBERSHIP

DATE:	BIRTH [OATE(S):_				
NAME(S):						
DRIVER'S LIC.#(S)& ST	ATE:					
ADDRESS:						
	STATE: OCCUPATION:					
ZIP CODE: requirement)	NRA MEMBERS	SHIP#			(not yet a	
HOME PHONE		CELL P	HONE			
EMERGENCY NAME &	PHONE					
E-MAIL ADDRESS(CDSA saves on postag		I informat	tion to you, a	nd you re	ceive it quicker)	
TYPE of MEMBERSHIP	D	UES	Fl	RST YEAI	R INITIATION FEE	
JUNIOR (8 - 17yrs)		10.00		NONE		
ADULT (18-64 yrs)		00.00		\$125.00	(total \$225)	
ADULT FAMILY (18-64 yrs)	\$1	00,00		<u>\$125.0</u> 0	(total \$225)	
SENIOR (65yrs +)	\$	50.00		<u>\$125.00</u>	(total \$175)	
SENIOR FAMILY (BOTH 65)	<u>/rs +)</u>	50.00		<u>\$125.00</u>	(<u>total \$175)</u>	
MEMBERSHIP TYPE Options for payment are calcredit card). Any questions	sh, check, money order or regarding the form call Bo	credit car	d. (\$6 non-refu elle 412-264-99	ındable pro 920.	ocessing fee if paid by	
	COMPLETED FORM TO THE C BEEN CALLED AND ADVISED				_ /	
By signing below, I swear the understand I am responsiblinjuries occurring on-site.	le for providing first aid ຣເ	pplies for	myself and my	, guests, C		
SIGN FULL NAME(S):						
>>>>> <u>This low</u>	er portion will be complete	ed by the (CDSA Member	ship Office	<u>r. <<<<<<</u>	
New paid member's name:Membership type:			Date: Membership number:			