

CORAOPOLIS DISTRICT SPORTSMEN'S ASSOCIATION

106 Coketown Rd. Coraopolis, PA 15108

phone: 412-264-9920 website: www.cdsa.biz

Incorporated 1929

Membership Renewal ONLY or Information Update (not for new memberships)

DATE: _____ BIRTH DATE(S): _____

NAME(S): _____

DRIVER'S LIC.#(S)& STATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ OCCUPATION: _____

ZIP CODE: _____ NRA MEMBERSHIP # _____ (not yet a requirement)

HOME PHONE _____ CELL PHONE _____

EMERGENCY NAME & PHONE _____

E-MAIL ADDRESS _____

(CDSA saves on postage costs, if we can email information to you, and you receive it quicker)

>>>>>>>>TYPE of MEMBERSHIP AND DUES<<<<<<<<<

JUNIOR (8yr - 17yrs) \$10.00

ADULT(18YRS-64 yrs) \$100.00

SENIOR (65yrs +) \$50.00

ADULT FAMILY (18YRS-64 yrs) \$100.00

SENIOR FAMILY (BOTH 65+) \$50.00

MEMBERSHIP TYPE _____ OLD MEMBERSHIP NUMBER: _____

Options for payment are cash, check, money order or credit card. (\$6 non-refundable processing fee if paid by credit card) Any questions regarding the form call Bob or Michelle 412-264-9920.

By signing below, I swear that I am, by all Federal, state, and local laws permitted to own and shoot a gun. I also understand I am responsible for providing first aid supplies for myself and my guests, CDSA is not liable for injuries occurring on-site. **If Family Membership BOTH signatures are required.**

SIGN FULL NAME(S): _____

>>>>>>>> This lower portion will be completed by the CDSA Membership Officer. <<<<<<<<<

New paid member's name: _____ Date: _____

Amount paid: _____ Membership type: _____ Membership number: _____