## CORAOPOLIS DISTRICT SPORTSMEN'S ASSOCIATION

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

## **APPLICATION for MEMBERSHIP**

DATE:	BIRTH DATE(S):		
NAME(S):			
DRIVER'S LIC.#(S)& STATE:_			
ADDRESS:			
CITY:	STATE: OO	CCUPATION:	
ZIP CODE: requirement)	NRA MEMBERSHIP #		(not yet a
HOME PHONE	CELL PH	ONE	
EMERGENCY NAME & PHON	1E		
E-MAIL ADDRESS ( CDSA saves on postage cos TYPE of MEMBERSHIP	ts, if we can email information		. ,
<u>JUNIOR (8 - 17yrs)</u>		NONE	
ADULT (18-64 yrs)	\$100.00	<u>\$125.00</u>	<u>(total \$225)</u>
ADULT FAMILY (18-64 yrs)	<u>\$100.0</u> 0	<u>\$125.0</u> 0	(total \$225)
SENIOR (65yrs +)	_\$50.00	\$125.00	<u>(total \$175)</u>
SENIOR FAMILY (BOTH 65yrs +)	_ \$50.00	<u>\$125.00</u>	<u>(total \$175)</u>
MEMBERSHIP TYPE <i>Options for payment are cash, che</i> Michelle 412-264-9920.	eck, money order or credit card.	Any questions regard	ng the form call Bob or

TAKE THIS COMPLETED FORM TO THE CDSA SAFETY ORIENTATION CLASS, AFTER  $\checkmark$  YOU HAVE BEEN CALLED AND ADVISED THERE IS AN OPENING FOR MEMBERSHIP.

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:\_\_\_\_\_ Date:\_\_\_\_\_ Date:\_\_\_\_\_ Amount paid:\_\_\_\_\_ Membership type:\_\_\_\_\_ Membership number:\_\_\_\_\_