

3950 State Rte 600 PO Box 83 Gibsonburg, Ohio 43431 419-637-7610 www.scsclub.org

## **EVENT ASSOCIATE MEMBERSHIP 2024 APPLICATION**

Name:		Date of Birth:	
Address:			
City:	State:	Zip Code:	
Phone:	Email:		
NRA Member #: (optional)			
Check the level you wish to jo	oin:		
Single event dues, \$32.18 (\$3	30.00 plus \$2.18 tax), sp	pecify event	
Multi event dues, \$53.63 (\$5	0.00 plus \$3.63 tax)		
Payable by cash or check alon	ng with application. Can be delive	ered to the Shoot Director.	
Member's Signature:		Date:	
11/12/2021 SCSC II, Inc.			
	(tear along thi	s line)	
This allowsthrough Dec. 31/24:	(participant na	ime) to attend the following event(s) from Dec. 1/2	
	(specify single eve	nt by name OR all events)	
Signature of SCSC Official and	l position:	Date:	