

LIMA SABRES SHOOTING ASSOCIATION INC.

P. O. BOX 84 LIMA, OHIO 45802-0084

limasabres@embarqmail.com

www.limasabres.com

NAME _____ EMAIL ADDRESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ HOME PHONE _____ BUS. PHONE _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

Please Print clearly and sign the signature line..

ALL ANNUAL MEMBERSHIPS RUN FROM MARCH 1ST TO FEBRUARY 28TH (Late renewals require new membership)

ANNUAL MEMBERSHIPS: SEE BELOW PLUS **\$25.00** INITIATION FEE (FIRST YEAR)

TYPE OF MEMBERSHIPS

NRA MEMBER YES NO One

One \$75.00 ANNUAL MEMBERSHIP NRA Number _____ Expires: _____

\$25.00 DISABLED VETERAN NRA Number _____ Expires: _____

ALL THE ABOVE MUST BE NRA MEMBERS TO JOIN, IF NOT ADD \$10.00 TO MEMBERSHIP FEE AND YOU WILL RECEIVE AN ASSOCIATE MEMBERSHIP

Incorrect dues or incorrect information will delay processing and/or void membership in the club.

- \$50 FULL TIME LAW ENFORCEMENT
- \$30 FULL TIME LAW ENFORCEMENT PAID BY THEIR ORGANIZATION

All New Memberships require a Walk-Through and attendance to a Membership Meeting the last Wednesday of the month before becoming members. No exceptions.

ENTER TOTAL AMOUNT ENCLOSED: _____

I hereby agree to abide by the rules and regulations of the Lima Sabres Shooting Association, Inc.
I agree I can be removed from membership if I am found guilty of destroying club property
or the willing or careless misuse of firearms.

SIGNED _____ SPONSOR _____

THIS APPLICATION IS NOT VALID UNLESS SIGNED BY APPLICANT AND SPONSOR

NOTICE

No person under the age of 21 may fire a handgun or under the age of 18 may fire a long gun without the presence and direct supervision of a parent, guardian, or certified instructor.

FOR OFFICIAL LSSA USE ONLY

APP REC _____ DUES REC _____ RL-CT SNT _____ CERT REC _____ DBASE UPDT _____ WK-THRU _____ CARD SNT _____