

TWIN BUTTE BUNCH

MEMBERSHIP APPLICATION

NAME _____ **DATE** _____

ADDRESS – Street _____

City _____ **State** ____ **ZIP** _____

PHONE _____ **EMAIL** _____

SASS # _____ **ALIAS** _____

SASS CATEGORY _____

ANNUAL MEMBERSHIP – (January 1 – December 31)

Individual \$10.00

Family \$ 15.00 (up to 3 members)

Each additional family member \$5.00

ADDITIONAL FAMILY SHOOTERS:

| NAME | ALIAS | CATEGORY | SASS # |
|-------------|--------------|-----------------|---------------|
|-------------|--------------|-----------------|---------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(More Shooters? Print names etc. on bottom back of this app.)

AMOUNT PAID \$ _____

(Make checks payable to Twin Butte Bunch)

SEND APPLICATION AND PAYMENT TO:

Twin Butte Bunch
c/o Dorraine Burt
982 Preston Drive
Idaho Falls ID 83401