

Scholastic Shooting Sports Foundation

Supporting Membership Form



Today's Date: _____

Membership Type: Annual (\$40) Five Year (\$150) Gun Club/Range Annual(\$100) Life (\$1,000)

Additional Donation Amount: \$ _____ I Am 18 Years of Age or Older: Yes No

Member Name: _____ Billing Address _____

City: _____ State _____ Zip Code _____

Email Address: _____ Phone Number _____

Payment Type: Check Credit Card Other (specify) _____

Credit Card Type: _____ Card Number _____

Expiration Date: _____ CVC Code _____ Billing Zip Code _____

Additional Comments and/or Gun Club Range Information (if Range Membership):

Please Mail Completed Form and Payment Method to:

Scholastic Shooting Sports Foundation, Inc.

5931 Roft Road

San Antonio, TX 78293

Thank you for supporting the Scholastic Shooting Sports Foundation and our programs!!

