

# SIN CITY MOUNTED SHOOTERS

[www.sincitymountedshooters.com](http://www.sincitymountedshooters.com)

## 2020 Membership Application



Membership type:    \_\_\_ Single Membership \$40    \_\_\_ Family Membership \$60

**Mail Checks: Trudy Lawrence 471 Hidden Garden Place Henderson, NV 89012**

**PLEASE MAKE CHECKS PAYABLE TO SCMS - \$25.00 FEE FOR RETURNED CHECKS  
INCLUDE EMAIL ADDRESS AND PHONE FOR EACH SHOOTER IN A FAMILY**

NAME: \_\_\_\_\_ SHOOTER NICKNAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ CMSA #: \_\_\_\_\_ CMSA LEVEL \_\_\_\_\_  
OTHER CLUB MEMBERSHIPS (check all that apply):    \_\_APHA#: \_\_\_\_\_ \_\_AQHA # \_\_\_\_\_

For Family Membership, please provide information for family members to include spouse and/or children under 21 residing in your home

NAME: \_\_\_\_\_ SHOOTER NICKNAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ CMSA #: \_\_\_\_\_ CMSA LEVEL \_\_\_\_\_  
OTHER CLUB MEMBERSHIPS (check all that apply):    \_\_APHA#: \_\_\_\_\_ \_\_AQHA # \_\_\_\_\_

NAME: \_\_\_\_\_ SHOOTER NICKNAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ CMSA #: \_\_\_\_\_ CMSA LEVEL \_\_\_\_\_  
OTHER CLUB MEMBERSHIPS (check all that apply):    \_\_APHA#: \_\_\_\_\_ \_\_AQHA # \_\_\_\_\_

NAME: \_\_\_\_\_ SHOOTER NICKNAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ CMSA #: \_\_\_\_\_ CMSA LEVEL \_\_\_\_\_  
OTHER CLUB MEMBERSHIPS (check all that apply):    \_\_APHA#: \_\_\_\_\_ \_\_AQHA # \_\_\_\_\_

READ AND SIGN THE BOTTOM: The undersigned applicant hereby declares - that they and all family members are honest and law-abiding members of society; - that they and all family members are not prohibited by law from handling, using, or owning firearms or ammunition, - that they and all family have never been convicted of a felony or have criminal charges pending, - that they and all family agree to abide by the rules and practices of the SCMS, CMSA, CSA, NRA and other affiliated organizations, - that they and all family wish to become a member of the Sin City Mounted Shooters in order to enjoy all the rights and privileges granted to members in good standing as defined in the association by-laws.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*FOR CLUB USE ONLY DO NOT WRITE IN THIS AREA\*\*\*\*\***

Amount Tendered: \$ \_\_\_\_\_ Cash    \_\_\_ Check # \_\_\_\_\_

Release Form(s) Signed and Enclosed \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_