

SNAKE RIVER WESTERN SHOOTING SOCIETY
P.O. BOX 5607
TWIN FALLS, IDAHO 83303

Membership Application Date _____
Adult Membership \$25; Family Membership \$35

Name: _____ **Alias:** _____

Address: _____

City: _____ **State** _____ **Zip** _____

Phone: _____ **E-Mail** _____

SASS Member: Yes _____ **No** _____ **Membership #** _____

FAMILY MEMBERS

Name: _____ **Alias:** _____

Phone: _____ **E-Mail:** _____

SASS Member: Yes _____ **No** _____ **Membership #** _____

Name: _____ **Alias:** _____

Phone: _____ **E-Mail:** _____

SASS Member: Yes _____ **No** _____ **Membership #** _____

Name: _____ **Alias:** _____

Phone: _____ **E-Mail:** _____

SASS Member: Yes _____ **No** _____ **Membership #** _____