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.

3218 Fannin Road #1060
Melissa, TX 75454

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