

SCAPSA

St. Cloud Area Practical Shooter's Association



SCAPSA Membership application for the year **2016**

Yearly membership fee: **\$50.00** (make checks payable to SCAPSA)

To apply for membership send check and this completed application to: **(new Address)**

ROSS ROSENBERG
9640 WYOMING TERRACE
BLOOMINGTON MN. 55438

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephones: () _____ - _____

E-mail Address: _____

- Are you a current member of the United States Practical Shooting Association (USPSA)? **YES / NO**
- Are you a current member of the National Rifle Association (NRA)? **YES / NO**
- According to the legal requirements of the United States and the State of MN are you able to purchase and possess firearms? **YES / NO**
- I promise to never shoot steel targets with a rifle since this will destroy the target. **YES/NO**

The handling of firearms involves a certain amount of risk. Managing the risk is the job of the shooter. If you are not the type of person that can accept the responsibility of your own actions, guns are not for you. New members need to fulfill a range orientation before using the range when a match or league is not in progress. This is a sport that lives from people helping out. Help out when you can. An application fee may apply if an application is denied. SCAPSA reserves the rights to refuse membership if applicant does not demonstrate safe gun handling or can revoke membership if member is deemed unsafe by the officers of SCAPSA.

Signature: _____ Date: _____