

Western States Shooting Association

Club Registration Form

Club Name:

Mailing Address:

Contact Person:

Telephone Number:

Email Address:

Association Fee:

\$1,000,000 Spectator Liability Available for additional cost of \$275 If Needed

(Please sign below indicating decision)

Yes, Premium Included

Club Will Provide Certificate of
Insurance Naming WSSA, Inc. as
Additional Insured on Current Policy.

Insurance Premium

\$275 (If Applicable)

Total Enclosed:

\$

***Please return to:** WSSA 4301 Garrity Blvd Suite 203 Nampa, ID 83687