



Application for Membership
in the
Arizona Cowboy
Shooters Association, Inc.

Name _____ Alias _____
 SASS# _____
 Add'l Family _____ Alias _____
 SASS# _____
 Add'l Family _____ Alias _____
 SASS# _____
 Address _____
 City, State, ZIP _____
 Phone _____ Email _____
 RO I & RO II Certification _____
 Other Certification _____

~ Liability Waiver ~

I understand that I am participating in a shooting sport, in which certain dangers and risks may arise, including, but not limited to, accidental injury, property damage, the forces of nature and illness.

In consideration of the right to participate in this event, and services provided for me by the Arizona Cowboy Shooters Association, Inc. (ACSA), and its agents, I do hereby assume the risks associated with such events.

The contestant shall, at their own expense, defend management and / or all sponsors, their members, or employees from all such claims, and indemnify ACSA, from any and all liability, damage and cost arising from injuries to person or property occasioned by any act or omission of the contestant.

I, the undersigned, agree to abide by the rules set forth in this agreement.

 Printed Name/Signature _____ Date _____

 Printed Name/Add'l Signature _____ Date _____

 Printed Name/Add'l Signature _____ Date _____

 Printed Name/Signature of Parent/Guardian if above is a Minor _____ Date _____

Payment shall be made according to the schedule on page 2 of this document.

For use by ACSA only please ...

Revision 10/09/20

Date Paid _____ Amount _____ Rcvd By _____ Cash _____ Check # _____

~ ACSA Membership Fee Schedule ~

ACSA annual membership fees are: \$40 for individuals and \$55 for families (i.e. a main member and spouse) effective January 1st of any given year. Additional family members living in the same household are an additional \$10 each.

Lifetime memberships are \$200.00 for an individual. This amount may be paid in one lump sum, or installments of not less than \$25.00 (paid at least quarterly). Lifetime membership may be extended to additional family participants upon the payment of an additional \$100.00 each.

Fill out the Membership Form, sign, and with payment, bring to the next ACSA match. Or mail the form with a check made out to ACSA to:

Sharon Siverts – ACSA Secretary
1875 South 222nd Avenue
Buckeye, AZ 85326

If you join mid-year, the membership fee is pro-rated according to the following schedule.

| Month | Individual | Family |
|--------------|-------------------|---------------|
| January | \$40.00 | \$55.00 |
| February | \$37.00 | \$50.00 |
| March | \$33.00 | \$46.00 |
| April | \$30.00 | \$41.00 |
| May | \$27.00 | \$37.00 |
| June | \$23.00 | \$32.00 |
| July | \$20.00 | \$28.00 |
| August | \$17.00 | \$23.00 |
| September | \$13.00 | \$18.00 |
| October | \$10.00 | \$14.00 |
| November | \$7.00 | \$9.00 |
| December | \$3.00 | \$5.00 |