

3950 State Rte 600 PO Box 83 Gibsonburg, Ohio 43431 419-637-7610 www.scsclub.org

EVENT ASSOCIATE MEMBERSHIP 2026 APPLICATION

Name:	Date of Birth:		
Address:			
City:	State:	Zip Code:	
Phone:	Email:		
NRA Member #: (optional)			
Check the level you wish to join:			
Single event dues, \$32.18 (\$30.00	plus \$2.18 tax), specif	y event	
Multi event dues, \$53.63 (\$50.00 բ	olus \$3.63 tax)		
Payable by cash or check along wit	h application. Can be delivered	to the Shoot Director.	
Member's Signature:		Date:	
10/1/25 SCSC II, Inc.			
	(tear along this lin	e)	
This allowsthrough Dec. 31/26:	(participant name)	to attend the following event(s) from Nov. 1,	/25
	(specify single event b	y name OR all events)	
Signature of SCSC Shoot Director:		Date [.]	