Northwest Mounted Shooters

Membership Application/Renewal

Name: _____
Last (please print) **First**

Address: _____
Street/Apt/P.O. Box

_____

_____
City/Town **State** **Zip Code**

Phone #: (____)_____ E-mail Address: _____

CMSA #:_____**Current Class** _____**Date of Birth**_____/____/____

Dues:

Annual NWMS Individual membership: $50.00
Annual NWMS Family membership: $75.00

(Please make checks payable to NWMS and remit to: Rachel Peters, 13802 W. Prairie Ave., Post Falls ID 83854)

Amount Enclosed: $_____

Signature: _____**Date**_____

Parent Signature (if under 18)_____

Family Members (include yourself)

Name	CMSA #	Current Class	Date of Birth
1			/ /
2			/ /
3			/ /
4			/ /
5			/ /