

Date: \_

Mail this form to:

NSSA 5931 Roft Road San Antonio, TX 78253  Check here if this address is a correction.		
Name:		
Address:		
City:		
State: 7	ip:	
Phone:		
Email:		
DOB (MMDDYY)	Gender:	
Correct Name/Address as sho	wn above	
Send Classification Card. Rea: (Circle One		
Never Received • Los	t • Damage	
☐ I paid NSSA dues at		
on(date). I have not credentials. Please check and re	oly to above address.	
I am now (circle one) AAA A		

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SKEET SHOTH	NSSA E	<b>URGENT</b> NSSA Member Request

PMOITAM
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City:
State: Zip:
Phone:
Email:
DOB (MMDDYY) Gender:
☐ Correct Name/Address as shown above ☐ Send Classification Card. Reason:
on(date). I have not received membership credentials. Please check and reply to above address.  □ I am now (circle one) AAA AA all 4 guns. Please send my Pin.(By Average Only)



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I am now (circle one) AA. send my Pin.(By Average Onl		

Updated 6/8/17

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