

NSSA DIRECTOR CANDIDATE ENDORSEMENTS

You may submit multiple copies of this form bearing individual signatures.

Each should be emailed to NSSAElection@nssa-nasca.com.

Candidate's Name

State/Province/Territory/Branch

You must fulfill each of these requirements to qualify to endorse the candidate. Please confirm by checking the boxes:

1. I am an NSSA member (not an NSCA member who shoots skeet as a Crossfire benefit).
 I am a paid member (not a Complimentary member).
 I am a member of the state/province/territory/branch above.
 My membership is current for 2026 OR I am a Life Member.

Print Name

Signature

Member Number

2. I am an NSSA member (not an NSCA member who shoots skeet as a Crossfire benefit).
 I am a paid member (not a Complimentary member).
 I am a member of the state/province/territory/branch above.
 My membership is current for 2026 OR I am a Life Member.

Print Name

Signature

Member Number

3. I am an NSSA member (not an NSCA member who shoots skeet as a Crossfire benefit).
 I am a paid member (not a Complimentary member).
 I am a member of the state/province/territory/branch above.
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Print Name

Signature

Member Number

4. I am an NSSA member (not an NSCA member who shoots skeet as a Crossfire benefit).
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Print Name

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5. I am an NSSA member (not an NSCA member who shoots skeet as a Crossfire benefit).
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