

NFAA/WSAA MEMBERSHIP APPLICATION

CLUB NAME: _____ DATE: _____
NAME: _____ PHONE: _____
ADDRESS: _____ EMAIL: _____
CITY: _____ ZIP: _____

SINGLE ADULT	\$42.00	_____	NAME (Birthdate required if under 18 years old)
1 ST FAMILY MEMBER/SPOUSE	\$ 5.00	_____	_____
1 ST FAMILY MEMBER/CHILD	\$ 5.00	_____	_____
2 ND FAMILY MEMBER	\$ 2.00	_____	_____
3 RD FAMILY MEMBER	\$ 2.00	_____	_____

OPTIONAL WSAA MEMBERSHIP ONLY:		NAME (Birthdate required if under 18 years old)
ADULT	\$15.00	_____
FAMILY	\$25.00	_____
YOUNG ADULT/YOUTH/CUB (17 YEARS OF AGE AND UNDER)	\$10.00	_____

SEND FORMS TO:

**WSAA
91 MARQUETTE DRIVE
CODY, WY 82414**