NSSP Member Number:	

(Assigned by NSSP Staff)



NSSP Membership Application (ADULT)

Applicant Name a	nd Mailing Address				
Last Name:	First Name:	me: NRA/BAI #:			
Address:	City:		State:		
Zip Code:	Email:		Phone #		
Certifications (Plea	ase check all that are compl	eted and atta	ch Certifications with this	form)	
: Range Safety Officer			: Rifle Coach Level 1		
: Chief RSO			: Rifle Coach Level HP		
: Rifle Instructor			: Shotgun Coach Level 1		
: Shotgun Instructor			: Shotgun online Coach		
: Muzzle Loading Instructor			: Pistol Instructor		
: CSA Archery BAI			: CCW Instructor		
: CSA Archery BAIT			: NRA Training Counselor		
<u>Participation</u>					
Compete in a Top Shot Competition Match		Date:	Date: Discipline:		
Help set up/run:	Date:	Date:	Discipline:		
Church and Outpo	ost information				
Outpost #:	RR District Name:		Church Name:		
Church City:	Church	State:	Church Phone #:		
Outpost Coordina	tor or Pastor Information				
Name:	Email:		Phone #:		
X	X				
Applicant Signatur	e Outpost Coordinator or Pastor Signature Date		Date		
Complete your ap	plication by performing one	of the followir	ng two options:		
Option 1			<u>n 2</u>		
	ompleted application and check payable to: NSSP) to	Zelle	the onetime fee (\$35) to (949) 599-4148	
OHERINE IEE (400)	UNICOR PAYADIC IO. NOOF / IO	De1	I Europeano - Do acces 40 mai	to the fellowing	

the following address:

NSSP

10851 Cleveland Avenue Riverside, CA 92505

Darell Freeman . Be sure to note the following information in the "Add a Memo" box: "Applicant Name, NSSP Membership fee".

Email completed application and certifications to Darell Freeman at: dare2bfreeman@gmail.com