



# SAWGRASS SPORT SHOOTING ASSOCIATION

## MEMBERSHIP APPLICATION



DATE \_\_\_\_\_  
 NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
 BIRTH PLACE \_\_\_\_\_ U.S. CITIZEN? \_\_\_\_\_  
 RESIDENCE ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ NAME OF FIRM \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ ARE YOU AN NRA MEMBER? \_\_\_\_\_  
 SEND MAIL TO RES OR BUS? \_\_\_\_\_ NRA ID # \_\_\_\_\_

Have you ever been a member of a police reserve, auxiliary, citizen on patrol or graduate of a citizens police academy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify details of where, when, status, and contact person.  
 \_\_\_\_\_

Have you ever had a carry permit? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, where, when, and status. \_\_\_\_\_ ID No. \_\_\_\_\_

Have you ever been a member of an F.O.P. or F.O.P.A. Lodge? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, where, when, Lodge No., etc. \_\_\_\_\_

Have you ever been arrested for or charged with a felony violation? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give details or charges and disposition. \_\_\_\_\_

Has your driver's license ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, state reason, where, dates, length of suspension, etc. \_\_\_\_\_

Have you ever been committed or confined because of any addiction or question of mental stability?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details, where, when, disposition, status. \_\_\_\_\_

I hereby affirm and certify all of the above information is true and factual to the best of my knowledge and I do not know of any reason that I should not have and/or use firearms. I understand that by submitting this application, I am permitting a background investigation, including a criminal records check, to be done.

\_\_\_\_\_  
 Signature

Dues: Annual  
 \$250.00 Individual  
 \$375.00 2-Member family

Make checks payable to the SSSA.  
 Both family members need to fill out a separate application form.  
 Both family members must join the FOPA.

REPORT OF INVESTIGATING COMMITTEE: APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
 DATE \_\_\_\_\_ COMMENTS \_\_\_\_\_  
 AMOUNT RECEIVED \_\_\_\_\_ DATE \_\_\_\_\_



RESPOND TO: SSSA/c.o. FOPA Lodge 17  
 PO BOX 50709  
 Jacksonville Beach, FL 32240-0709  
 (904) 290-1232

