

APPLICATION FOR MEMBERSHIP

American Civil War Shooting Association

Name: _____

Age*: _____

Address: _____

City: _____ State: _____ Zip+4: _____

E-mail: _____ Phone () _____ - _____

See <http://acwsa.org/Pages/TeamPages/Teams.htm> for the teams available.

What Team would you like to join? _____

**Members under 18 years of age must have completed a state-approved hunter safety course or the equivalent.*

Dues are \$10.00 annually. Make check payable to the ACWSA and send to:
Gary Van Kauwenbergh, 5692 Williamsburg Way, Fitchburg, WI 53719-1615.

Signed: _____ Date: _____