

International Air Shooting Sports

MEMBERSHIP APPLICATION

Since 2013, Child And Adult Safety Education Services, Inc. (CAASES), a 501(c)3 nonprofit organization, has provided the administrative support and direction for the International Air Shooting Sports (IASS). Shoot Right is the shooting division of CAASES. Shoot Right is the Governing and Sanctioning body of all the IASS, International Air Steels Program (IASP), International Air 3 Gun (IA3G), International Air Defensive Shooting (IADS).

___ 1 Year Adult = \$10

___ 1 Year Junior = \$5*

*Through calendar year of 18th birthday - DOB Required

Total enclosed \$_____ (Membership Dues are not tax deductible).

Name _____ DOB _____

Address _____

City, State, ZIP _____

Email Address _____

Telephone/Fax _____

IASS# (if Renewal) _____

International Air Shooting Sports/Shoot Right Pledge: *I state that I am not a member of any organization that restricts or subverts the Constitution of the United States, that I have never been convicted of a crime of violence and that I will fulfill the obligations of good citizenship and sportsmanship.*

➤ Member Signature _____ Date _____

➤ Parent/Guardian Signature _____ Date _____ (Jr. Member only)

Your membership includes a Membership to all IASS programs IASP, IA3G and IADS.

Payment: Check ___ **Chk#** _____ **(payable to Shoot Right)** **Money Order** ___ **Credit Card** ___

CC: ()MC ()Visa ()AmEx ()Disc CC# _ _ _ - _ _ - _ _ _ - _ _ _ _

CC Exp. Date _ _ - _ _ _ CSC # _____ CC Auth. Signature _____

Name on Credit Card (please print) _____

Billing Address (if different from above) _____

Mail to: Shoot Right Membership, 2303 N. 44th St. Ste. 14-1514, Phx. AZ 85008

Membership questions to: info@shootrightaz.org

For more information visit www.shootrightaz.org

Membership dues made or paid to CAASES/Shoot Right/IASS are not refundable or transferable and are not deductible as charitable contributions for Federal income tax purposes.

-----Shoot Right **OFFICE USE ONLY**-----

IASS # _____ Expiration Date _____ Date Received _____ Amount _____