

NATIONAL SPORTING CLAYS ASSOCIATION

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NSCA NO. _____

**DATE
OF
BIRTH**

MONTH

DAY

YEAR

NAME _____

STREET &
NUMBER _____

CITY _____ STATE _____ ZIP _____

PHONE(S): DAY () _____ EVENING () _____

E-MAIL: _____

 MALE FEMALE**CLASSIFICATION FORM - New Members MUST complete the following:**

- I have **never** shot **any** registered clay targets before. My assigned class is "D".
- I have shot registered targets with a clay target organization other than National Sporting Clays Association (i.e. NSSA, ATA, NRA, International skeet or trap). My highest class attained in any association was _____. My assigned class for NSCA will be D class if the highest class attained was B or below. If my highest class attained was A, AA or AAA my assigned class will be one class lower than the highest class attained.
- I have shot only sporting clays with another sporting clays organization (i.e. USSCA/SCA, CPSA, FITASC, Non-Registered tournaments, etc.). My earned class in this organization was _____. My assigned class for NSCA will be in this class or higher (known ability).

*Falsification of the above information will result in disqualification and the return of all prizes and monies for all events.**Falsification of classification information could also lead to suspension from the NSCA.***MEMBERSHIP APPLICATION****ALL NSCA MEMBERSHIPS EXPIRE DECEMBER 31** **NEW MEMBER**NEVER BEEN A MEMBER
OF NSCA **RENEWAL**YOU ARE A RENEWAL IF YOU HAVE
EVER BEEN A MEMBER BEFORE **ADDRESS
CHANGE****INDICATE BELOW THE TYPE OF MEMBERSHIP YOU DESIRE****LIFE**May be Paid in Full or \$100 Down
and \$100 Quarterly until paid.
Includes magazine as long as member
shoots 100 targets yearly.**INDIVIDUAL****\$500****HUSBAND & WIFE****\$750****JR. MEMBERSHIP (under 21)** \$ 20 **ONE YEAR REGULAR** \$ 40 **SIX YEAR REGULAR** \$ 200 **CANADIAN & FOREIGN** \$ 46 (Magazine begins with first issue prepared after dues are
received at headquarters.)**ONE YEAR ASSOCIATE** \$ 30 **SIX YEAR ASSOCIATE** \$ 150 (Available to dependents of Regular Members
and does not include magazine.)PAYMENT METHOD VISA/MC CHECK

CREDIT CARD/CHECK # _____ EXP. DATE _____

SIGNATURE _____ DATE _____

**REMIT IN
U.S. FUNDS****TAX
DEDUCTIBLE
DONATIONS** MUSEUM FUND
\$ _____ YOUTH
SHOOTING
\$ _____ OTHER
\$ _____AMT. ENCLOSED
\$ _____

Member Signature _____