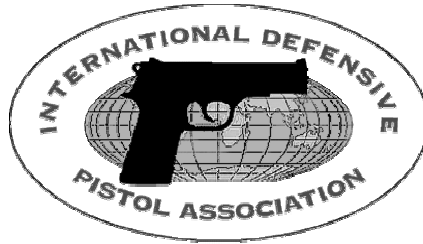


# Sacramento Defensive Pistol Shooters

## Local Club Membership Application



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (home) \_\_\_\_\_

(work) \_\_\_\_\_

E-mail address: \_\_\_\_\_

IDPA Member Number: \_\_\_\_\_

Range Officer experience? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_