

Santa Lucia Sportsmen's Association, Inc.

Post Office Box 1077
ATASCADERO, CALIFORNIA 93423

Name _____ Birthdate _____

Mailing address _____ Telephone _____

City _____ Zip _____ CDL# _____

Occupation _____ Skills _____

Cell Phone _____ Email _____

Check Interests: Rifle Pistol Trap Skeet Archery Black Powder Air Rifle

I desire to become an Associate Member of SLSA and possess all the qualifications for Associate Membership as described in the Bylaws. I am aware that the rights of an Associate Member are set forth in the Bylaws, and that Associate Members do not have the right to participate in the governance of SLSA, or the right to request inspection of its books, records and membership roll. I am further aware that the forgoing rights are reserved to Full Members, and that the conditions for Full Membership are set forth in the Bylaws.

I declare that I am (a) a United States citizen of good character, (b) over the age of eighteen (18), and (c) may legally own or possess a firearm in the State of California. Legal ownership or possession of a firearm in California requires, in pertinent part, that the owner or person in possession must (i) never been convicted of any felony or a misdemeanor crime of domestic violence, (ii) is not an unlawful user of any drug or controlled substance, (iii) have never been adjudicated mentally defective or committed to a mental institution, (iv) have never been discharged from the military under dishonorable conditions, and (v) is not subject to a restraining order pertaining to domestic violence.

I hereby authorize SLSA to use my email address for all communications relating to SLSA, including, but not limited to, all official and general notices that are required to be given by the governing documents and/or by applicable California Statutes. SLSA shall maintain, in accordance with applicable California statutes, the electronic mailing addresses of those members who consent to receive notice by electronic transmission. I understand that my authorization will remain in effect until my consent to receive notice by electronic transmission is revoked. I further understand that my consent to receive notice by electronic transmission can be revoked by me at any time by notifying SLSA directly. I agree to promptly notify SLSA of any changes in my email address, to have current email address on file with SLSA.

I declare under penalty of perjury, under the laws of California that all the facts stated above are the best of my knowledge true and correct. Signed in San Luis Obispo County, California on _____, 2019

Signature: _____

SLSA USE ONLY	
INITIATION FEE	\$ 50.00
MEMBERSHIP YEAR 2019	MEMBERSHIP COST \$ _____
	GATE CARD \$ 10.00
CASH _____ CHECK# _____ BY _____	NRA \$ _____
DATE _____ GATE CARD _____	TOTAL \$ _____