



**NORTH-SOUTH SKIRMISH ASSOCIATION, INC.  
ROSTER CHANGE REQUEST 2018**

Please type or print clearly. Provide all requested information, as completely and accurately as possible. When entering a member's name, use the legal name and be sure to include the middle initial. If the member has no middle initial, write "none" or "N/A" in this space. Do not leave this space blank. **This form is not to be used for Temporary Individual Membership.**

<i>New members Initiation Fee (Never been an N-SSA Member or members returning after 5+ years absence.)</i>	<i>New, Late &amp; Former Member</i>	<i>Non-Shooter Membership</i>	<i>Transfer</i>	<i>Late Fee</i>	<i>Replacement Card</i>
\$25.00	\$80.00	\$40.00	No Charge	\$5.00 before 3/1; \$15.00 thereafter	\$3.00 after January 1

**Team Name** \_\_\_\_\_ **Unit No.** \_\_\_\_\_ **Region** \_\_\_\_\_

New Member   
  Late Member   
  Non-Shooter   
  Former Member (5+ years absence, see new member initiation fee)  
 Replacement Card   
  Transfer In (from other team)   
  Transfer Out (to another team)   
  Address Change   
  Deceased

Competitor Number \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_    Male \_\_\_\_ Female \_\_\_\_  
 Last Name \_\_\_\_\_ (Jr., Sr., III, IV) First Name \_\_\_\_\_ Initial \_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
 Telephone Home: \_\_\_\_\_ Telephone Cell: \_\_\_\_\_  
 Email \_\_\_\_\_ @ \_\_\_\_\_

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**Required Signature:**

*Upon initial membership if the applicant is **under the age of 18**, the signature of **parent/legal guardian** is required, giving permission for minor to become a member.*

\_\_\_\_\_  
 Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

***The information on the reverse is required by the North-South Skirmish Association. Failure to complete the reverse will delay your membership.***

Make all checks payable to: *The North-South Skirmish Association, Inc.*

Send cards to:  Member     Team Representative \_\_\_\_\_

Address \_\_\_\_\_

Mail this completed form to:  
**North-South Skirmish Association, Inc.**  
**Judy Stoneburner - Executive Secretary**  
 P.O. Box 218  
 Crozet, VA 22932-0218

Office Use Only	
Date Received: _____	Date Processed: _____
Postage included: _____	Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/>
Check# _____	

**The following is required of all new members and former members returning after one year absence.**

Have you been convicted of any crime or are you subject to any other legal disability prohibiting your possession of a firearm? No Yes

If yes, have your rights to possess firearms been restored? No Yes (proof required)

I affirm that I have answered this question accurately and to the best of my knowledge. If it is discovered that this has been falsified it will be cause for immediate membership suspension and/or termination from the N-SSA, all N-SSA activities and privileges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please note: If the answer to the above question is "yes" and rights have not been restored, or rights have been restored and documentation is not provided, membership is not an option.*

**Team Officer** \_\_\_\_\_

Date \_\_\_\_\_

*All information received is considered confidential.*

Office Use:

Membership approved

Membership pending

*Revised: December 8, 2017*