



NEW CLUB APPLICATION

The shooting club named below hereby requests affiliation with SCSA and is to be granted all rights and privileges commensurate with its continued affiliation with SCSA. (Please fill in all blanks; incomplete forms will be returned.)

Club Information

Club Name:		
Mailing Address:		
City:	State:	Zip:
Country:	Club Website:	
USPSA Club #		

Send Mail Correspondence to: Club <input type="checkbox"/> or Rep <input type="checkbox"/>	Scholastic Steel Challenge (SSC) Affiliation: <input type="checkbox"/>
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Club Representative Information

(Rep MUST be a SCSA member)

Rep Name:	Rep SCSA Member Number:	
Mailing Address:		
City:	State:	Zip:
Country:	Email:	
Phone:	Fax:	

****All club contact information will be available for publication. Please plan accordingly when completing this form.****

****Club affiliations run from January 1 to December 31 each year.****

On behalf of the above-named club/organization, I/We do hereby apply to join, affiliate ourselves with SCSA and to abide by all rules, regulations and policies as are or may be published. As part of this affiliation application we further agree:

- ✚ To hold steel shooting contests under SCSA rules and regulations set forth in such governing documents as are or may be published and to agree that all SCSA matches shall be open to any person eligible for SCSA membership.
- ✚ To hold a minimum of three such matches annually.
- ✚ To report the results of all SCSA matches held by our club within thirty days and to follow SCSA policy in reporting activities.
- ✚ To at all times abide by SCSA policies and procedures, including those that relate to SCSA licensed or produced property.
- ✚ To return to SCSA all SCSA licensed or produced manuals, rules, property, software and merchandise upon demand from SCSA or upon failure to remain affiliated with SCSA.
- ✚ To reserve the use of SCSA's images and intellectual property for SCSA competitions and that the appropriate activity fees shall be paid for any match employing such images or property, or that competitors might reasonably assume to be a SCSA event.
- ✚ **The club and its representatives understand that failure to follow all rules and/or procedures will result in revocation of SCSA affiliation.**

Signature of Club Representative: _____ Date: _____

Affiliation Term and Payment

Dual US Club: 1-Year = \$25 <input type="checkbox"/>	US Club: 1-Year = \$50 <input type="checkbox"/>	US Club: 3-Year = \$125 <input type="checkbox"/>
Dual International Club: 1-Year = \$33 <input type="checkbox"/>	International Club: 1-Year = \$66 <input type="checkbox"/>	International Club: 3-Year = \$170 <input type="checkbox"/>
Enclose Check or Money Order		
Visa/MasterCard/Discover #	Expiration:	
Name on Card:		

**** If your club is already affiliated with USPSA, 50% dual affiliation discount on 1-YEAR TERM ONLY. ****

****\$25 NSF Fee will be charge on all returned checks.****

Please mail or fax application with required payment to:

SCSA
 872 North Hill Blvd
 Burlington, WA 98233
 Phone: 800-995-5646 Fax: 360-855-0380