

# Double R Bar Regulators

## Membership Application

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



Member# Primary: \_\_\_\_\_

Member(s)# Family: \_\_\_\_\_

<b>Primary</b>	Phone # _____
Name: _____	
Alias: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Email: _____	
SASS # _____	
NRA # _____	

<b>Family Member (same household):</b>	
Name: _____	
Alias: _____	
Relation: Spouse _____	Partner _____
Phone # _____	
Email: _____	
SASS # _____	
NRA# _____	

*Return this application with check or money order payable to:*



**Double R Bar Regulators**

P.O. Box 203

Llano, CA 93544-0203

[Double\\_R\\_Bar@outlook.com](mailto:Double_R_Bar@outlook.com)



**Schedule of Fees: \$25 Primary, \$45 Family**

<b>Family Member (same household):</b>	
Name: _____	
Alias: _____	
Relation: Child _____	DOB _____
Phone #: _____	
Email: _____	
SASS # _____	
NRA # _____	

<b>Family Member (same household):</b>	
Name: _____	
Alias: _____	
Relation: Child _____	DOB _____
Phone #: _____	
Email: _____	
SASS # _____	
NRA # _____	

CASH RECVD by: \_\_\_\_\_ copied to \_\_\_\_\_ Date Recvd: \_\_\_\_\_  
Sassy Kitty on \_\_\_\_\_ Check/MO# \_\_\_\_\_