

# Double R Bar Regulators Membership Application

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

## Primary

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

Alias: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

SASS # \_\_\_\_\_

NRA # \_\_\_\_\_

## Family Member (same household):

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

Alias: \_\_\_\_\_

Relation: Spouse \_\_\_\_\_ Partner \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**

## Family Member (same household):

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

Alias: \_\_\_\_\_

Relation: Child \_\_\_\_\_ DOB \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

SASS # \_\_\_\_\_

NRA # \_\_\_\_\_

## Family Member (same household):

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

Alias: \_\_\_\_\_

Relation: Child \_\_\_\_\_ DOB \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

SASS # \_\_\_\_\_

NRA # \_\_\_\_\_

CASH RECVD by: \_\_\_\_\_ copied to \_\_\_\_\_ Date Recvd: \_\_\_\_\_  
Jo Boyde on \_\_\_\_\_ Check/MO# \_\_\_\_\_