



OASR (Non-Profit)

WWW.OASR.ORG

Membership Application

Application Date _____ Corporation Type: _____

Business/Range Name: _____

Mailing Address: _____

Principal Contact Name/Office: _____

Contact Phone Number(s): _____ / _____

Email address: _____

Range Web Site: _____

EACH RANGE WILL APPOINT ONE MEMBER AS DIRECTOR TO THE OASR BOARD OF DIRECTORS ANNUALLY

Directors Name: _____ email address: _____

Mailing Address: _____ phone: _____

Application Membership Count: _____

Dues based on \$2 per member at the end of your club's last fiscal year end.

Upon application or renewal, on an annual basis based on your postmark date of application, the amount of your non-profit club dues each year will be \$2.00 per member. OASR pays annual club dues to NASR/NSSF(National Association of Shooting Ranges) and Oregon State Shooting Association (OSSA) for each member club. Your renewal date each year is based on the postmark date of your original application.

AMOUNT SUBMITTED: _____

Send Application and your check to:

OASR TREASURER

PO Box 230905

Portland, Oregon 97281-0905