



DSA Membership Application

Delta Sportsman's Association

P. O. Box 1309

Delta Junction, AK 99737

Phone: 907-895-5030



Please Print!

RENEWAL: Name, date, type membership & changes are all that is required.

Application Date: _____

Name (First/MI/Last): _____

Mailing Address: _____

City/State/ZIP: _____

Home Phone: _____ Work Phone: _____

Email: _____

Sponsor #1: _____ Sponsor #2: _____

NRA Member? (not required)

NRA Membership Type: _____

All DSA memberships run from October 1 through September 30

Please check one:

\$75 Annual Adult

\$10 Junior (DOB: _____)

\$500 Life

\$750 Couple's Life

Spouse: _____

\$100 Family

Spouse: _____

Children under 18 (include DOB):

_____ CLUB USE ONLY BELOW THIS LINE _____

Payment Method: Cash Check

Application/Funds received by: _____ Date RCVD: _____

DATE \$\$ to Treasurer: _____ Date entered in DSA Database: _____