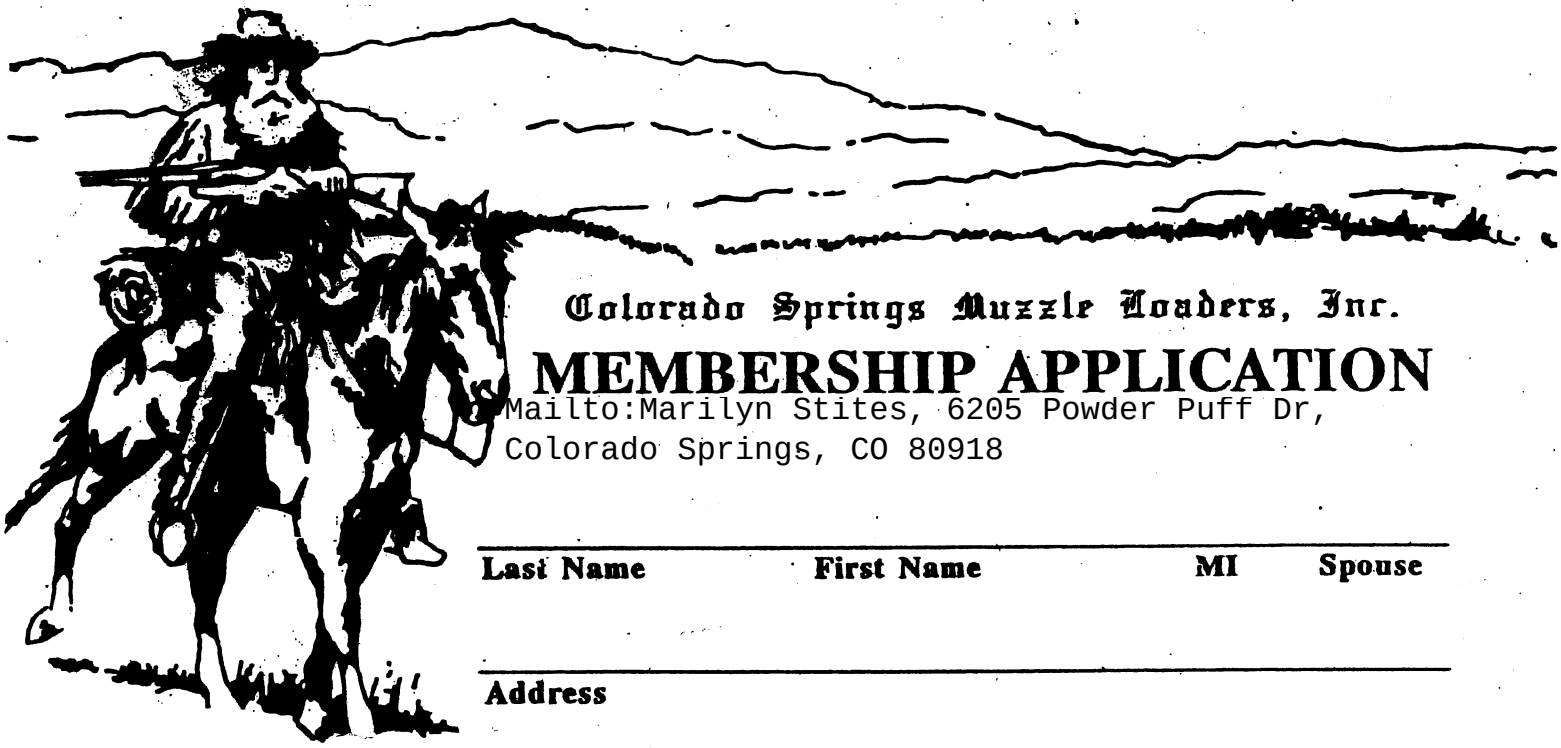

Colorado Springs Muzzle Loaders, Inc.

MEMBERSHIP APPLICATION

Mailto:Marilyn Stites, 6205 Powder Puff Dr,
Colorado Springs, CO 80918

Last Name **First Name** **MI** **Spouse**

Address

City **State** **ZIP** **Telephone**

Children's Names and Ages

How Did You Hear About the CSML?

Email: _____

Will You Serve On Committees? ◯ **Yes!** ◯ **Possibly...** ◯ **No**

The following information helps the CSML obtain insurance at lower cost:

NRA Member? ☐ **Member No. & Exp Date**

NMLRA Member? ☐ **Member No. & Exp Date**

Dues: ■ **per Year.** $25.00 **Make Check Payable to CSML, Inc.**

Membership Secretary Use: