



# California Chapter Wild Sheep Foundation

423 Broadway, #617 Millbrae, Ca 94030  
(650) 472-3889 (Phone and Fax)  
cawssf@cawssf.org www.cawssf.org

## MEMBERSHIP APPLICATION or RENEWAL

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

Phone: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Preferred method of communication** (check one): Phone  eMail  Fax

**Membership Type:** Annual (\$40)  3-Year (\$100)  Life (\$500)  3/4 Curl Youth-17 & under (\$25)

**Payment Type** (check one): Credit/Debit Card  Check Enclosed  (payable to: "CA WSF")

Credit Card Type: Visa  MasterCard  Discover  AMEX

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

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

*Yes, I would like to volunteer to help the California Chapter with its' events and/or projects! Please contact me about volunteer opportunities! (check here)*

**Additional Information (please check as appropriate):** Are you a National WSF Member? Yes  No

Are you a Grand Slam/Ovis (GSCO) Member? Yes  No

Do you hunt with a: Rifle:  Bow:  Muzzleloader:  Handgun:  Don't Hunt:

Have you hunted Sheep? Yes  No

If "yes," which sheep have you harvested? (Please list and note year)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail this form to CA WSF, 423 Broadway #617, Millbrae, CA 94030-1905 or fax to 650-472-3889.

Don't forget to share this form to your hunting friends and relatives!