

NSSP MEMBERSHIP APPLICATION

BOYS

Please type or print legibly

Last name		First name		NSSP USE ONLY (membership expiration date)	
Address		City		State	Zip code
Email address		Current grade		Date earned Air Gun Safety	
Phone number		Date of Birth		Church Name	
Church address		Church City		Church State	Church zip
Church Phone number		Outpost Number	Outpost Coordinator Name & Phone number		
Parent signature			Outpost Coordinator signature		

MEN (18 and up)

Last name		First name		NSSP USE ONLY (membership expiration date)	
Address		City		State	Zip code
Email address		RSO, NRA Instructor or BAI certifications			
Phone number		Royal Rangers Alumni Member? Yes or No		Church Name	
Church address		Church City		Church State	Church zip
Church Phone number		Outpost Number	Outpost Coordinator or Pastor Name & Phone number		
Outpost Coordinator or Pastor signature					