



THE COWBOYS APPLICATION FOR MEMBERSHIP

Date of Application: _____ New Member Renewal

\$50/year - Individual \$85/year - Family

Make check out to: **The Cowboys**

Mail to: **The Cowboys, PO Box 33016, Jurupa Valley, CA 92519**

Primary Full Name (First and Last) _____

Allies: _____ SASS# _____

Spouse Full Name (First and Last) _____

Allies: _____ SASS# _____

Other Full Name (First and Last) _____

Allies: _____ SASS# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ CELL PHONE: _____

EMAIL(S): _____