

# VIRGINIA SHOOTING SPORTS ASSOCIATION

## VOLUNTEER INFORMATION FORM

\*First Name: \_\_\_\_\_ MI: \_\_\_\_\_ \*Last: \_\_\_\_\_

Day Phone: \_\_\_\_\_

\*Street: \_\_\_\_\_

Eve Phone: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Fax Phone: \_\_\_\_\_

Membership Number: \_\_\_\_\_ \* - Required field

The best time to contact me is:

- Annual     3 Year     Life  
 Endowment     Patron     Benefactor

- Day     Evening



Bringing Virginia  
gun-owners together  
for over 60 years

1. Are you a registered voter?	<input type="checkbox"/> Yes <input type="checkbox"/> No    in what county/city _____
Party Affiliation:	<input type="checkbox"/> Dem <input type="checkbox"/> Rep <input type="checkbox"/> Lib <input type="checkbox"/> Other
2. Do you have access to a personal computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have internet access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address?	Email : _____
4. Have you communicated with your elected officials regarding firearms-related legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you volunteered any of your time or money to the campaign efforts of any candidate for political office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Which time of day would you most likely be available to volunteer?	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
7. I would like to help in following ways (check all that apply):	<input type="checkbox"/> Recruit New Members <input type="checkbox"/> Participate in Phone Trees <input type="checkbox"/> Help with <i>Crushin' Clays</i> <input type="checkbox"/> Help with <i>Annual Meeting</i> <input type="checkbox"/> Help Pro-gun Candidates <input type="checkbox"/> Help at gun shows

Mail to: Virginia Shooting Sports Association  
 P. O. Box 1258  
 Orange, VA 22960-0741