



SASKATCHEWAN TARGET SHOOTING ASSOCIATION

Position Application/Nomination Form

FULL NAME:

MAILING ADDRESS:

CITY: PROV: SK POSTAL CODE:

VP _____
 COACH
 MANAGER
 OFFICIAL
 OTHER

HOME PHONE: CELL: WORK:

EMAIL:

NAME OF GUN CLUB YOU ARE A MEMBER OF:

REFERENCES (non-family):

NAME: EMAIL: CELL/PHONE:

NAME: EMAIL: CELL/PHONE:

INFORMATION RELATING TO POSITION (OPTIONAL):

SUBMIT TO STSA BOARD IN 30 DAYS:

CRIMINAL RECORD CHECK VULNERABLE SECTOR CHECK

DATE OF APPLICATION: SIGNATURE:

Interview Conducted by _____ Date Committee Approved: _____

If Denied, Reason: _____