



# United States Mounted Shooting

## New Membership Referral Form

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referral program for Trainers & individuals. Tell your friends/students about USMS. Be sure to tell brand new shooters about the Rookie of the year program. Receive \$10.00 for each New USMS membership you refer. Membership renewals not eligible. Submit your form by end of calendar year. USMS will verify referrals when form is submitted and mail check for completed referrals. Please put the names of the people you referred to join USMS below.

Submit to: [2023USMS@gmail.com](mailto:2023USMS@gmail.com) or mail to:  
US Mounted Shooting P.O. Box 306, Houston, MO 65483  
[www.USMS2020.com](http://www.USMS2020.com)

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signature: \_\_\_\_\_ Date: \_\_\_\_\_