



# Arizona State Trapshooting Association

## Membership Application

### MEMBER INFORMATION

Name (s): \_\_\_\_\_

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

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

ATA # \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- Annual Membership . . . . . \$2
- Life Membership . . . . . \$25
- Non Resident Associate Life Membership . \$25

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Make Checks Payable to ASTA

Mail completed form and check to:

ASTA Secretary  
7445 E Eagle Crest Drive #1025  
Mesa, AZ 85207

*Thank You!*