

Iowa State Trapshooting Association

PO Box 87

Clear Lake, IA 50428

Membership Application

1st Year Membership – FREE

20____ Annual Adult Membership \$10

20____ Annual Youth/SCTP Membership – \$5

20____ Life Membership \$200

Zone: **NW NE SW SE** ___ New ___ Renewal
CIRCLE ONE

ATA #: _____

Category: **SJ JR JG LD1 LD2 SBVT VET SVET CH OPEN**
CIRCLE ONE

Name: _____
First Middle Last

Address: _____
CITY ZIP

Email: _____ Phone: _____ Gender: M F

Birthdate: _____ Age: _____

Make checks payable to ISTA – DO NOT SEND CASH

You must keep a copy of this receipt as proof of payment of current membership.

Received from _____ is \$ _____ which is attached for membership in the Iowa State Trapshooting Association, subject to approval of the ISTA Directorship.

Date: _____ Signed: _____ Club Name: _____
Cashier or Gun Club Officer

-Dues Not Tax Deductible- Non-refundable-Membership renewal due September 1 annually

O.P.C. 1279

White: ISTA

Canary: Club

Pink: Member

Date Rec'd: _____ ISTA #: _____