



# Arizona State Trapshooting Association

## Membership Application

### MEMBER INFORMATION

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

NAME: \_\_\_\_\_  
First Last

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

### Make Checks Payable to ASTA

Mail completed form and check to:

ASTA Secretary

5321 Cholla Dr. Fort Mohave, AZ 86426

Thank you!