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:

Mike Petrisko, ASTA Treasurer

4458 S Cindy Rd Fort Mohave AZ 86426

Thank you!