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

3844 Yonder Dr., Lake Havasu City, AZ 86406

Thank you!