

## **Hawaii Rifle Association**

## www.hawaiirifleassociation.org

## **Membership Form**

		Today's Date:
Nam	ne:	Birthdate:
Spou	use's Name:	Birthdate:
(for jo	oint memberships only)	
Maili	ing Address:	
F		
Ema	il Address:	
Phor	ne Number:	
Ple	ase mark the checkbox(es) to indicate which	type of membership you are requesting.
	Junior Membership ages 11-18	\$15/year
	Annual Membership	\$20/year
	Joint Spouse Membership	\$30/year
	Life Membership	\$500
	Affiliate Club Membership	\$25/year
	Commercial Membership	\$120/6 months
Wri	te checks to:	
	Hawaii Rifle Association	
	PO Box 543 Kailua, HI 96734	
	HRAmemberships@gmail.com	Total Years Purchased: