

MEMBERSHIP AND NRA FORM

PLEASE COMPLETE ONE PER TEAM MEMBER OR SUBSTITUTE

Team Name: _____

Year: _____

Date: _____

MEMBER INFORMATION

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Birthdate: _____

Email Address: _____

Yes, I would like to receive emails from the Crooked Creek Trap Club.

New member? (Please circle one) Yes No

NATIONAL RIFLE ASSOCIATION (NRA) INFORMATION

PLEASE PLACE NRA LABEL OR COPY OF NRA CARD BELOW
(Proof of NRA membership is required by CCTC)

Choose one magazine by circling the format you would like to receive:

| | | | |
|-----------------------|-------|---------|-------|
| American Rifleman | Print | Digital | Email |
| American Hunter | Print | Digital | Email |
| America's 1st Freedom | Print | Digital | Email |

Turn in completed form with packet to Crooked Creek Trap Club treasurer or mail to Crooked Creek Trap Club, PO Box 588, Granby, CO 80446.

For Office Use Only:

NRA

CCTC

Check #

Cash

TOTAL PAID: _____

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