	MEMBERSHIP ID
	DELTA TRAP CLUB
	APPLICATION FOR
ran Cluh	MEMBERSHIP

Delta Trap Club

JANUARY 1st, THRU DECEMBER 31st,
NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
EMAIL:
ATA MEMBER: Y / N ATA#
I THE UNDERSIGNED WILL ABIDE BY THE ARTICLES OF INCORPORTATION AND THE BY-LAWS OF THIS NON-PROFIT CORPORATION.
SIGNATURE:DATE:
MEMBERSHIP CARD ISSUED BY:
ANNUAL DUES: HOUSEHOLD \$85.00