



Arkansas State Trapshooting Federation



LIFETIME MEMBERSHIP APPLICATION

- | | | | |
|--------------------------|--------------|---------------------|----------------|
| <input type="checkbox"/> | ADULT | 18 and over | \$35.00 |
| <input type="checkbox"/> | YOUTH | 17 and under | \$20.00 |

Date: ___ / ___ / ___

ASTF Life No.: _____

Date of Birth: ___ / ___ / ___

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

City: _____, AR Zip: _____

Phone: _____ - _____ - _____

Email: _____ @ _____ . _____

GC Name: _____

GC *Rep Issuing New Membership: _____

● Upper portion: Return to ASTF Secretary ● Lower portion: New member copy ●

Cut here ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- Cut here

AR State Trapshooting Fed. – New Member Receipt

Full Name: _____ City: _____, AR

- | | | | |
|--------------------------|--------------------|---------|-----------------------------|
| <input type="checkbox"/> | Adult 18 and over | \$35.00 | ASTF Life Member No.: _____ |
| <input type="checkbox"/> | Youth 17 and under | \$20.00 | |

Date of Issue: ___ / ___ / ___ Signed: _____ GC Name: _____