

PA Rifle & Pistol Association, Inc.

Preserving Your Shooting Heritage

- ☐ New Member
☐ Renewal [PRPA Member # ____]

Name _____ PLEASE PRINT LEGIBLY

[First] [Middle] [Last]

Address _____
Street City State Zipcode +4 County – PA residents only

Telephone (____) ____ - ____ E-Mail: _____

REQUIRED: Date of Birth _____ (month-day-year) ____Male ____Female

NRA Member? ____Yes ____No

Sportsmen Club(s) you belong to: _____

Optional Information

Reason for Membership – Please Rank (1 for most, 6 for least importance)

____Competitive Shooting Information

____^{2nd} Amendment Support

____Firearm Legislation Info

____CMP Firearms Purchase

____Other (Please tell us more on back)

What Are Your Shooting Interests?

____Competition (Please give discipline) _____

____Casual/Informal (Rifle, pistol, shotgun, etc) _____

____Other (Firearms collecting, hunting, handloading, , etc) _____

PLEASE SELECT YOUR MEMBERSHIP TYPE AND TERM:

<input type="checkbox"/> INDIVIDUAL [AGE 20 – 64]	<input type="checkbox"/> 1 YEAR \$20	<input type="checkbox"/> 2 YEARS \$36	<input type="checkbox"/> 3 YEARS \$52	\$ _____
<input type="checkbox"/> SENIOR [AGE 65 AND OVER]	<input type="checkbox"/> 1 YEAR \$15	<input type="checkbox"/> 2 YEARS \$26	<input type="checkbox"/> 3 YEARS \$38	\$ _____
<input type="checkbox"/> JUNIOR [UNDER AGE 20]	<input type="checkbox"/> 1 YEAR \$10	<input type="checkbox"/> 2 YEARS \$18	<input type="checkbox"/> 3 YEARS \$26	\$ _____
<input type="checkbox"/> LIFE [SINGLE PAYMENT]	<input type="checkbox"/> \$400			\$ _____
<input type="checkbox"/> CONDITIONAL LIFE – FIRST PAYMENT	<input type="checkbox"/> \$100	THEN SIX ADDITIONAL \$50		\$ _____
PAYMENTS – ALL PAID WITHIN 36 MONTHS				
<input type="checkbox"/> ENDOWMENT	<input type="checkbox"/> \$600			
<input type="checkbox"/> CLUB MEMBERSHIPS	<input type="checkbox"/> 1 YEAR \$35	<input type="checkbox"/> 2 YEARS \$65	<input type="checkbox"/> 3 YEARS \$95	\$ _____
<input type="checkbox"/> JUNIOR CLUB MEMBERSHIP	<input type="checkbox"/> 1 YEAR \$10	<input type="checkbox"/> 2 YEARS \$15	<input type="checkbox"/> 3 YEARS \$20	\$ _____
<input type="checkbox"/> PUBLIC INFORMATION DONATION				\$ _____

TOTAL ENCLOSED: \$ _____

Fill in and mark the appropriate blocks and return with your check or money order (NO CASH PLEASE) made payable to:
PA Rifle & Pistol Association

Mail to: **PA Rifle & Pistol Association**
Membership Secretary
624 Jerseytown Road
Millville, PA 17846-9783

Email: prpamembersec@verizon.net
Phone: 570-458-0180