

FALL PISTOL LEAGUE, MEMBERSHIP, & NRA

Fall Pistol League Shooter Name: _____

Year: _____ Date: _____

League Fee \$20 (circle one): PAID NOT PAID

MEMBER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____

Email Address: _____

I would like to receive CCTC emails. (circle one): YES NO

CLUB MEMBERSHIP \$50 (circle one): PAID NOT PAID

NATIONAL RIFFLE 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

NRA FEE \$35 adult/\$15 youth (circle one): PAID NOT PAID

Turn in completed form with packet to Crooked Creek Trap Club treasurer.

For Office Use Only:

LEAGUE FEE CCTC NRA Check # Cash

TOTAL PAID: _____