Vermont State Rifle & Pistol Association

Membership Application Form

Name: _____ ___ _____
First I Last

Address: _____

_____

City: _____ **State:** ____ **Zip:** _____

Age: _____ <<<<<<< *Only required for Junior Membership*
(Age of Junior as of 12/31 of the current year)

Type:	Junior ($1.00)	Adult ($10.00)	Organization ($20.00)	Life ($100)

Status: New Member Renewal Member

NRA #: _____ (*Optional*)

CMP #: _____ (*Optional*)

E-Mail: _____ (*Very Helpful*)

Phone: _____ _____ _____ (*Optional*)
Area-code Telephone Number Ext.

Additional Donation: $ _____ *(Optional)*

Signature: _____ **Date**: _____

Please make checks payable to VSRPA, and send completed Application, Membership Fee and any Donation to:

VSRPA Membership, 454 South Main Street, Northfield, VT 05663