Vermont State Rifle & Pistol Association
Member Application Form

Name: _____ ___ _____
First I Last

Address: _____

_____

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

Age: _____ <<<<<<< *Only required for Junior Membership*
(Age of Junior applicant as of December 31st of the current year)

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

Status: ☐ New Member ☐ Renewal Member

NRA #: _____ (*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