

## Vermont State Rifle & Pistol Association **Membership Application Form**

| Name:          | First                                           |                 | <u> </u>             | Last            | Last            |  |
|----------------|-------------------------------------------------|-----------------|----------------------|-----------------|-----------------|--|
| Address:       |                                                 |                 |                      |                 |                 |  |
| City:          |                                                 |                 | State:               | Zip: _          |                 |  |
| Age:           | (Age of Junior as of 12/31 of the current year) |                 |                      |                 |                 |  |
| Type:          | Junior<br>(\$5.00)                              | Adult (\$20.00) | Organiz<br>(\$50.00) |                 | Life<br>(\$200) |  |
| <b>Status:</b> | New Member Renew                                |                 |                      | l Member        |                 |  |
| NRA #:         |                                                 |                 |                      | (O <sub>I</sub> | otional)        |  |
| <b>CMP #:</b>  |                                                 |                 |                      | (O <sub>I</sub> | otional)        |  |
| E-Mail:        |                                                 |                 |                      | (Ve             | ry Helpful)     |  |
| Phone:         | Area-code                                       | Telephone Nu    | mber                 | ( <i>Op</i>     | tional)         |  |
|                | Additional Donation: \$                         |                 |                      | (Opt            | (Optional)      |  |
| Signature:     | Date:                                           |                 |                      |                 |                 |  |
|                |                                                 | to VSRPA, and   |                      |                 | n, Membershi    |  |

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

Fee and any Donation to: