



Application for Membership in the
AMATEUR TRAPSHOOTING ASSOCIATION

1105 East Broadway - PO Box 519
TEL (618) 449-2224 FAX 866-454-5198
WEB SITE: www.shootata.com
E-MAIL: memberships@shootata.com

FOR ATA USE ONLY

SR Number:

Member Number:

PAYMENTS MUST BE MADE IN U.S. FUNDS ONLY

RENEWAL MEMBERS ONLY

CHECK ONE

- \$20 ONE YEAR MEMBERSHIP
\$12 ONE YEAR MEMBERSHIP JR or SUB JR
\$25 ONE YEAR AIM MEMBERSHIP (\$12 ATA Youth Annual & \$13 ADDITIONAL PROGRAM PARTICIPATION FEE)
\$13 AIM ONLY For paid ATA members under 18
\$5 AIM ONLY For paid ATA Members 18 & older

MEMBERSHIP YEAR RUNS FROM 9/1 - 8/31

LIFE MEMBERSHIPS

- \$500
\$500 INSTALLMENT PLAN (See Bottom of Form for Details)
\$250 DISABLED VETERAN (Must Show Proof of Status)
\$250 65 YEARS & OLDER (Payment Plan Not Applicable)

IMPRINT MEMBERSHIP CARD OR PRINT PLAINLY BELOW

PREVIOUS CARD #

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE

E-MAIL

IF CHANGE OF ADDRESS, Check box at left and SHOW NEW ADDRESS ABOVE

THE LAST YEAR YOU WERE AN A.T.A. MEMBER

YOUR LAST ASSIGNED PERMANENT YARDAGE

YOUR STATE RESIDENCE AT THE TIME

NEW MEMBERS ONLY

CHECK ONE

- \$20 ONE YEAR MEMBERSHIP
\$12 ONE YEAR MEMBERSHIP JR or SUB JR
\$25 ONE YEAR AIM MEMBERSHIP (\$12 ATA Youth Annual & \$13 ADDITIONAL PROGRAM PARTICIPATION FEE)
\$13 AIM ONLY For paid ATA members under 18
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- \$500
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\$250 65 YEARS & OLDER (Payment Plan Not Applicable)

NAME

LAST NAME

FIRST NAME

MIDDLE INITIAL

ADDRESS

CITY

STATE

ZIP

BIRTH DATE

MO. DAY YR.

TELEPHONE ()

AGE

SEX

E-MAIL

SIGNATURE OF APPLICANT

Mastercard Visa Discover

3 Digit Security Code (on back of card):

Security code input boxes

Exp. Date: / /

Card #: [input boxes]

Signature: _____

Printed name on Card: _____

Zip Code: _____

Received from _____ is \$ _____, which is attached for membership in the Amateur Trapshooting Association, subject to approval of the State Membership committee and The Amateur Trapshooting Association Executive Committee.

Date: / / Signed: _____ Club Name: _____
CASHIER OR OFFICER OF CLUB

* INSTALLMENT PLAN: The plan requires \$300 as an initial payment with an additional \$112 due in the following 6 months. The final payment of \$112 is due within the second 6-month period.

Life membership becomes effective upon receipt of final payment.