

Membership Form
Wyoming State Muzzle Loading Association

NAME: _____

NAME OF SPOUSE: _____

NAMES OF CHILDREN (living at home): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ WSMLA# _____

E-Mail Address: _____

NRA# _____ EXPIRATION DATE: _____

NMLRA# _____ EXPIRATION DATE: _____

LOCAL CLUB AFFILIATION: _____

I wish to receive the newsletter by postal service (yes or no) _____

The WSMLA newsletter is now available for your convenience online at:
<http://www.wyomingmuzzleloaders.com/>

Memberships are free for active military, junior and sub-junior shooters. On-line subscriptions only for newsletter. You still need to fill out the form listed above and request membership in the WSMLA.

Please enclose a check for \$20 or \$25.00 made out to the WSMLA with the above form and send to:

Crystal Gillen
WSMLA Treasurer
PO Box 1871.
Saratoga, WY 82331
307-329-6967
Judelle80@union-tel.com