MIDSOUTH MARKSMEN MEMBERSHIP APPLICATION

Mail to: MidSouth Marksmen, inc.

PO box 112

Hermitage, TN 37076

(please check one)	□New
	Renewa

NAME: Last, First, MI	(Print Clearly)		P	REFERRED NICKNAME
STREET ADDRESS				
CITY			STATE	ZIP CODE
			NRA ID#	
E-MAIL ADDRESS				
PHONE # (with area co	ode) A	LT PHONE # (with area code)		ATE OF BIRTH
MAIN INTERESTS:	☐ Across-the-Course	🗆 Long-Range Prone	& F-Class	
(check all that apply)		☐ Mid-Range Prone		
-	☐ Team Matches	☐ Cther		
4. Any member under become a member (so 5. Membership runs for postal mail reminder their first partial caler thereafter. 6. Membership in the compete in TN State (Sompete in TN State) 8. ThSSA are separate	age 18 must have writted below). or a full calendar year. A will be sent at the end of membership the sent of membership the complete sent at the complete	f the calendar year. New mem p on a quarterly-prorated basis orts Association (TnSSA) is encuer matches. TnSSA membership is offered in 1-year	be paid by jar bers who join s, but full anni puraged (not repair ations r & 3-year term	ardian allowing said junior to n 31st each year. An e-mail or April 1st or later will be offered ual membership will be required required) for TN residents to will be provided separately (MSM ms for a reasonable fee.
	•	o MidSouth Marksmen ing mid-year: April-June (\$30),		
PROVIDED LEGIBLE,	ACCURATE & COMPLI		N (IN THE AB	HIP REQUIREMENTS AND I HAVE OVE AREA). I UNDERSTAND BY APPLICATION.
Print Legal Name Her	e :			
Applicant's Signature				
if Under 18, Printed Leg	zai Name			
and Signature of Paren			Ann	lication Date: / /
		io not seil, trade ar transfer your pers	• •	

Comments

Date Rec'd

Check Amt

Check Date

MSM Use Only: Check#