



**Application for Membership in the
AMATEUR TRAPSHOOTING ASSOCIATION**

and/or **TRAP & FIELD SUBSCRIPTION**
1105 East Broadway - PO Box 519 - Sparta, IL 62286
TEL (618) 449-2224 FAX 866-454-5198
WEB SITE: www.shootata.com
E-MAIL: memberships@shootata.com (ATA)
or circulation@trapandfield.com (T&F)



FOR ATA USE ONLY	
SR Number:	
Member Number:	

ANNUAL MEMBERSHIP OPTIONS

ANNUAL MEMBERSHIP

- \$50 ONE YEAR PREMIUM MEMBERSHIP (23+)
- \$42 ONE YEAR PREMIUM MEMBERSHIP (22 & under)
- \$55 ONE YEAR PREMIUM AIM MEMBERSHIP
(\$12 ATA Youth & \$13 AIM PARTICIPATION FEE)
- \$43 AIM PREMIUM ONLY For paid ATA members 22 & under



LIFE MEMBERSHIPS

RECEIVE TRAP & FIELD MAGAZINE
FOR \$30.00 PER YEAR

- \$30 ANNUAL SUBSCRIPTION
- \$42 ANNUAL SUBSCRIPTION PLUS AVERAGE BOOK
ILLINOIS RESIDENTS ONLY, ADD \$0.99 FOR SALES TAX

For Non-US Subscribers: Add \$15 to Trap & Field Subscription, \$6 to Average Book or \$21 if purchased together.

ANNUAL MEMBERSHIP

- \$20 ONE YEAR MEMBERSHIP (23+)
- \$12 ONE YEAR MEMBERSHIP (22 & under)
- \$25 ONE YEAR AIM MEMBERSHIP
(\$12 ATA Youth & \$13 AIM PARTICIPATION FEE)
- \$13 AIM ONLY For paid ATA members 22 & under

YEAR RUNS
FROM 9/1 - 8/31

LIFE MEMBERSHIPS

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

LIFE MEMBERSHIP OPTIONS

RENEWAL MEMBERS -

IMPRINT MEMBERSHIP CARD OR PRINT PLAINLY BELOW

PREVIOUS CARD #	
NAME	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	E-MAIL
<input type="checkbox"/> IF CHANGE OF ADDRESS, Check box at left and SHOW NEW ADDRESS ABOVE	
<small>THE LAST YEAR YOU WERE AN A.T.A. MEMBER</small>	<small>YOUR LAST ASSIGNED PERMANENT YARDAGE</small>
<small>YOUR STATE RESIDENCE AT THE TIME</small>	

TRAP & FIELD SUBSCRIPTION ONLY

PURCHASE A SUBSCRIPTION TO THE MOST COMPREHENSIVE SOURCE OF TRAPSHOOTING NEWS AND INFORMATION

- \$35 ANNUAL SUBSCRIPTION
- \$47 ANNUAL SUBSCRIPTION PLUS AVERAGE BOOK
ILLINOIS RESIDENTS ONLY ADD \$0.99 FOR SALES TAX



NEW MEMBERSHIP INFORMATION - REQUIRED

NAME		
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIP
BIRTH DATE	TELEPHONE ()	E-MAIL
MO. / DAY / YR.	AGE SEX	SIGNATURE OF APPLICANT

PAYMENTS MUST BE MADE IN U.S. FUNDS ONLY

Mastercard Visa Discover 3 Digit Security Code (on back of card): Exp. Date: ____/____/____

Card #:

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