

MEMBERSHIP ID _____



DELTA TRAP CLUB APPLICATION FOR MEMBERSHIP

OCTOBER 1st, _____ THRU SEPT 30th, _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

ATA MEMBER: Y / N ATA# _____

*I THE UNDERSIGNED WILL ABIDE BY THE ARTICLES OF INCORPORATION
AND THE BY-LAWS OF THIS NON-PROFIT CORPORATION.*

SIGNATURE: _____ DATE: _____

MEMBERSHIP CARD ISSUED BY: _____

ANNUAL DUES: CIRCLE ONE

INDIVIDUAL \$75.00 / FAMILY \$100.00 / SENIOR (65+) \$65