

KANSAS TRAPSHOOTERS ASSOCIATION MEMBERSHIP APPLICATION

(WEB SITE: SHOOTKTA.COM)

ALL ENTRIES MUST BE PRINTED OR TYPED WITH EACH FIELD COMPLETED FOR MEMBERSHIP TO BE EFFECTIVE. MAIL YOUR COMPLETED FORM AND APPLICABLE PAYMENT TO: KTA, C/O SANDRA McALLISTER, 959 S.W. 10TH STREET, MACKSVILLE, KS 67557.

EACH SHOOTER MUST COMPLETE THE FORM TO UPDATE OUR DATABASE WITH YOUR CORRECT & INDIVIDUAL DATA

CHECK ONE: [] ANNUAL RENEWAL \$ 22.00, [] SUB JR./JR. \$ 11.00, [] LIFE \$ 320.00, [] LIFE VET/SR. VET \$ 160.00.

ANNUAL MEMBERSHIP RUNS CONCURRENTLY WITH ATA SHOOTING YEAR.

ATA NUMBER _____
KTA NUMBER A- _____
(MUST BE COMPLETED UNLESS YOU ARE APPLYING AS A NEW MEMBER)

SHOOTER NAME: _____, _____, _____
LAST NAME FIRST NAME INITIAL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

PHONE NUMBERS:

HOME: (____) _____-____-____ Work: (____) _____-____-____ CELL: (____) _____-____-____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____-____-____ (REQUIRED FOR TAX PURPOSES - ANNUAL 1099 FORMS)

BIRTHDATE: ____-____-____ AGE: ____ GENDER: [] MALE OR [] FEMALE
MM DD YYYY

CHECK ONE THAT APPLIES: [] SUB JUNIOR, [] JUNIOR, [] VETERAN, [] SR. VETERAN

ANY IRREGULARITY OF PROCEDURE PRESENT IN THE ISSUANCE OF ANY MEMBERSHIP PURSUANT HERETO SHALL BE GROUNDS FOR TERMINATING AND REVOKING SAID MEMBERSHIP. YOU MUST KEEP A COPY OF THIS RECEIPT AS PROOF OF PAYMENT OF MEMBERSHIP.

RECEIVED FROM _____ IS \$ _____ WHICH IS ATTACHED FOR MEMBERSHIP IN THE KANSAS TRAP SHOOTERS ASSOCIATION, SUBJECT TO APPROVAL OF THE KANSAS TRAPSHOOTERS ASSOCIATION DIRECTORSHIP.

DATE: _____ SIGNED: _____
CASHIER OR OFFICER OF THE GUN CLUB

KANSAS GUN CLUB NAME SUBMITTING APPLICATION: _____