

APPLICATION FOR MEMBERSHIP



DELTA TRAP CLUB, INC.

OCTOBER 1, _____ THRU SEPTEMBER 30, _____

NEW MEMBERSHIP _____

RENEWAL MEMBERSHIP _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

FAX NUMBER _____

E-MAIL ADDRESS _____

ARE YOU AN ATA MEMBER _____

ATA # _____

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

APPLICANT'S SIGNATURE

DATE

MEMBERSHIP CARD ISSUED BY _____

ANNUAL DUES \$60.00 (ind) \$65.00 (fam) INDIVIDUAL \$ _____ FAMILY \$ _____

TOTAL PAID \$ _____ CHECK # _____ CASH _____