

# 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: \_\_\_\_\_