



Arizona State Trapshooting Association

Membership Application

MEMBER INFORMATION

ATA# _____

NAME: _____
First Last

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

- Annual Membership..... \$2
- Life Membership \$25
- Non Resident Associate Life Membership..... \$25

Make Checks Payable to ASTA

Mail completed form and check to:

ASTA Secretary

13794 W. Waddell Rd. Ste 203- 303, Surprise, AZ 85379

Thank you!