



# Application for Membership in the AMATEUR TRAPSHOOTING ASSOCIATION

601 W. NATIONAL RD., VANDALIA, OHIO 45377  
TEL (937) 898-4638 FAX (937) 898-5472  
WEB SITE: [www.shootata.com](http://www.shootata.com)  
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FOR ATA USE ONLY	
SR	Number
Member	Number

<b>RENEWAL MEMBERS ONLY</b>	<b>CHECK ONE</b>	<b>MEMBERSHIP YEAR RUNS FROM 9/1 - 8/31</b>
	<input type="checkbox"/> ONE YEAR MEMBERSHIP (\$18.00 - U.S. FUNDS) <input type="checkbox"/> ONE YEAR MEMBERSHIP JR or SUBJR (\$9.00 - U.S. FUNDS) LIFE MEMBERSHIP <input type="checkbox"/> \$500 BEGINNING 1/1/2000 - U.S. FUNDS <input type="checkbox"/> * INSTALLMENT PLAN (See back of yellow copy for details) <input type="checkbox"/> 65 YEARS & OLDER - \$250 U.S. FUNDS (Payment Plan Not Applicable)	
IMPRINT MEMBERSHIP CARD OR PRINT PLAINLY BELOW		
PREVIOUS CARD NO. _____		
NAME _____		
ADDRESS _____		
CITY, STATE, ZIP _____		
TELEPHONE _____ E-MAIL _____		
<input type="checkbox"/> IF CHANGE OF ADDRESS, Check box at left and SHOW NEW ADDRESS ABOVE.		
THE LAST YEAR YOU WERE AN A.T.A. MEMBER	YOUR LAST ASSIGNED PERMANENT YARDAGE	YOUR STATE RESIDENCE AT THAT TIME

<b>NEW MEMBERS ONLY</b>	<b>CHECK ONE</b>	<b>MEMBERSHIP YEAR RUNS FROM 9/1 - 8/31</b>
	<input type="checkbox"/> ONE YEAR MEMBERSHIP (\$18.00 - U.S. FUNDS) <input type="checkbox"/> ONE YEAR MEMBERSHIP JR or SUBJR (\$9.00 - U.S. FUNDS) LIFE MEMBERSHIP <input type="checkbox"/> \$500 BEGINNING 1/1/2000 - U.S. FUNDS <input type="checkbox"/> * INSTALLMENT PLAN (See back of yellow copy for details) <input type="checkbox"/> 65 YEARS & OLDER - \$250 U.S. FUNDS (Payment Plan Not Applicable)	
PLEASE PRINT		
NAME _____		
ADDRESS _____		
CITY _____ STATE _____ ZIP _____		
BIRTHDATE (MO. DAY YR.) _____ AGE _____ SEX _____ TELEPHONE ( ) _____		
SIGNATURE OF APPLICANT _____		

Mastercard  Visa Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Card #: [ ] Signature: \_\_\_\_\_

Any irregularity of procedure present in the issuance of any membership pursuant hereto shall be grounds for terminating and revoking said membership.

Received from \_\_\_\_\_ is \$ \_\_\_\_\_, which is attached for membership in the Amateur Trapshooting Association, subject to approval of the State Membership committee and The Amateur Trapshooting Association Executive Committee.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed \_\_\_\_\_  
CASHIER OR OFFICER OF CLUB