



Arizona State Trapshooting Association Membership Application

MEMBER INFORMATION

Name (s): _____

Address: _____

City: _____ State: _____ Zip _____

ATA# _____

Phone: _____ E-Mail: _____

Annual Membership \$2

Life Membership \$25

Signed: _____ Date: _____

Make Checks Payable to ASTA

Mail completed form and check to:

ASTA Secretary

7445 E Eagle Crest Drive #1025

Mesa, AZ 85207

Thank You!