

**Missoula Trap & Skeet Club
Membership Application**

NAME _____
(Please Print)

ADDRESS _____

City _____ State _____ Zip _____

PHONE _____ - _____ - _____ **Email Address:** _____
(Newsletters will be e-mailed to this address rather than sent via ground)

Membership Type: (Place a "X" in the appropriate box)

Regular _____ Senior _____ New Shooter _____

ASSOCIATE MEMBERSHIPS: List your spouse and minor children (\$10.00 each)

NAME(S) _____

AMOUNT REMITTED: \$ _____

Regular Memberships are \$40.00 per Calendar year. Associate memberships for spouses and minor children are \$10.00 each. **A free "Senior" membership is available for persons who are 65 or older BEFORE JANUARY 1st of the membership year AND have belonged to the club for 3 years.** New shooters are persons joining a **League** for the **FIRST** time. The New Shooter membership is good for **ONE** membership year only.