



Individual Membership Application

Membership Information

New Member Renewal USA Shooting #: _____

First Name: _____ Last Name: _____

Date of Birth ____ / ____ / ____ (required for all memberships) Gender: Male Female

Email: _____ (required) Ethnicity: _____ T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number: _____

Fax Number: _____ Business Phone: _____

Membership Type (please check all the apply)

Athlete Volunteer

Official Coach

Parent/Supporter

Athlete Shooting Discipline (please check one)

Pistol Para-Athlete

Rifle N/A

Shotgun

USAS Magazine & Mailing Information

I do NOT want to receive the USAS magazine

Membership Options (please check one)

Annual Adult \$40 Annual Junior \$30 Annual Fan Club \$20 (non-competitive)

5-Year Adult \$150 Life Member \$1,000

Annual Family Membership \$79 (Limit two adults 21 & older and unlimited juniors 20 & younger in the same household. Please attach a separate application for each family member.)

Payment Information (make check or money order payable to USA Shooting)

Check Visa MasterCard Discover American Express

Donation: \$ _____ Total Amount: \$ _____

Credit Card Number: _____ Expiration Date: ____ / ____ CVC code: _____

Name of Cardholder: _____ Signature: _____

Billing (Address, City, State & Zip): _____

Membership is valid for one year from the date of receipt.
USA Shooting Membership card will be mailed 4-6 weeks from the date of processing.

Send Application To:
USA Shooting – Membership
1 Olympic Plaza
Colorado Springs, CO 80909
Phone: 719-866-4670
Fax: 719-866-4884
Email: membership@usashooting.org