



**NEW YORK STATE
RIFLE & PISTOL ASSOCIATION, INC.**

Application for individual membership

90 S. Swan Street, Ste. 395, Albany, N.Y. 12210

Phone: 518-272-2654 FAX: 518-274-4972

Please check one: New Member Renewal (NYSRPA #: _____)

Name (Please PRINT): _____

Address: _____

City: _____ State: _____ ZIP: _____

County (NYS residents only): _____

Phone number (home): (_____) _____

E-mail: _____

Date of birth (REQUIRED) MM/DD/YYYY: _____ / _____ / _____

NRA Member? No Yes (NRA #: _____)

For statistical purposes only, please indicate: Male Female

Please select your enrollment type/term:

- Adult — 1 Year (ages 18-64) \$25.00
 - Senior* — 1 Year (ages 65—over) \$20.00
 - Junior — 1 Year (under 18) \$15.00
 - Family — 1 Year \$45.00
 - Life (under age 65) \$500.00
 - Life (ages 65—over) \$300.00
 - Additional voluntary contribution \$ _____
 - Additional voluntary contribution to Political Victory Fund \$ _____
- TOTAL ENCLOSED:** \$ _____

** Disabled American Veterans and Active Military qualify for the Senior 1 year dues rate*

Please indicate your payment method:

Check or Money Order (payable to NYSRPA) Visa Mastercard

Account #: _____

CVV #: _____ (3 or 4 digits) Expiration: _____

Signature: _____

Local clubs you belong to: _____

Membership referred by: _____