



Little River Sportsman's Association Inc.

www.lrsa.info

Membership Application

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BEST PHONE NUMBER: _____ E-MAIL: _____

NRA NUMBER: _____ EXPIRES: _____

IMPORTANT: Since the LRSA is an NRA affiliated club and the NRA insures us, you must be a paidup NRA member! Please attach the mailing label from your NRA magazine or a photocopy of your membership card to the upper corner of this application or forward you confirmation email from the NRA to join@lrsa.info.

Occupation: _____

Areas of Shooting Interest: _____

Do you have a valid concealed weapon carry permit? Yes: No: If Yes, what State?

Are you active military or law enforcement?? Yes: No:

Are there any restrictions preventing you from owning or handling a firearm? Yes: No:

LRSA club members I know: _____

LRSA Sponsor (optional): _____

I agree that I have read and will abide by the most recent edition of Club rules and Bylaws located on the www.lrsa.info website.

(Member's Signature)

(Date)

When you are selected for membership, you must attend a range orientation session to review the range rules and safety procedures. **At that time**, you will pay the current calendar year (membership expires on December 31 no matter when you join) dues of **\$350.00 (\$250 Active Duty Military)** by check, cash or money order (no electronic payments) made out payable to: **Little River Sportsman's Association (OR LRSA)**

Mail completed application to: Little River Sportsman's Association
P O Box 2931
Valdosta, GA 31604

Or e-Mail it to: join@lrsa.info