

If any information in the data block is incorrect or missing, please supply the correct information in the proper space below.



| | |
|------------------------|-----------------|
| Name: | |
| Address: | |
| C/S/Z: | |
| E-Mail Address: | |
| Phone: | |
| NRA #: | Expires: |

**LITTLE RIVER SPORTSMAN'S ASSOCIATION
MEMBERSHIP RENEWAL FORM**

NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BEST PHONE NUMBER: _____

E-MAIL ADDRESS. (PLEASE PRINT LEGIBLY) _____

NRA NUMBER: _____ Expires: _____

IMPORTANT: Since the LRSA is an NRA affiliated club and the NRA insures us, you must be a paid up NRA member! Please attach the mailing label from your NRA magazine or a photocopy of your membership card (except NRA life members) to the upper left hand corner of this application.

Please add any comments or suggestions to improve the club below:

By renewing my membership in the Little River Sportsman's Association I agree that I have read and will abide by the most recent edition of Club rules and regulations located on the www.lrsa.info website.

Please return your dues in the form of a bank draft or check (**no cash!**) **before December 20th**

Dues Enclosed: \$ _____

PAYABLE TO: Little River Sportsman's Association (or LRSA)

MAIL TO: Little River Sportsman's Association
2848 Sapelo Dr
Valdosta, GA 31605

This form is needed for accuracy in record keeping. Your membership renewal is not complete until this form is received with your dues!

LOCKS WILL BE CHANGED JANUARY 1