



Application for Individual Membership
PO Box 1023, Troy NY 12181-1023

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

Name (Please PRINT): _____

Address _____

City _____ State _____ Zip Code _____

County (NYS residents only) _____

Phone (home) () _____

E-mail _____

DATE OF BIRTH REQUIRED (MM/DD/YY): ____/____/____

NRA Member? •No •Yes (NRA# _____)

For statistical purposes only, please indicate:

Gender: •Male •Female

Please select your enrollment type/term:

- Adult - 1 year (ages 21-54) \$25.00 \$ _____
- Senior* - 1 year (ages 55-over) .. \$20.00 \$ _____
- Junior - 1 year (under 21) \$15.00 \$ _____
- Family - 1 year \$40.00 \$ _____
- Life (under 55) \$400.00 \$ _____
- Life (ages 55-over) \$200.00 \$ _____
- Additional Voluntary Contribution..... \$ _____
- Contribution to PAC(Political Action)... \$ _____

TOTAL ENCLOSED: \$ _____

*Disabled American Veterans qualify for the Senior 1-yr dues rate

Please indicate your payment method:

- Check/money order (payable to **NYSRPA**)
 - Credit Card: • Visa • MasterCard
- Acct.# _____ Exp. _____

Signature _____

Local clubs you belong to: _____

This application was referred to NYSRPA by:

NYSRPA Membership #: _____

Name: _____

Address: _____