

ORSA Membership Renewal



- Renewal
 Spouse

***PLEASE PRINT**

Applicant's Name (first, middle & last)			Date of Birth:	/ /
Street Address City, State, Zip Code+4				
E-mail Address				
Best Contact Phone (Include Area Code)				
Current ORSA Badge #		ORSA member since (year)		Current ORSA MBR ID#

I HAVE REVIEWED AND UNDERSTAND THE ORSA MEMBERSHIP GUIDELINES AND I PROVIDED LEGIBLE, ACCURATE & COMPLETE CONTACT INFORMATION ABOVE. I UNDERSTAND THAT ANY ERRORS OR OMISSIONS WILL DELAY ACCEPTANCE & PROCESSING OF MY APPLICATION

Application Date: / / Application Signature: _____

Renewal Applicants must include dues for **\$180** or the ***fee schedule** below.

*Fee schedule for bondholders is: **ONE BOND-\$164, TWO-BONDS-\$151, THREE-BONDS \$142, FOUR-BONDS-\$136, FIVE-BONDS-\$135.** Permanent bondholders who have reached **65 years** of age are eligible for **\$30 membership fee.**

BOND #'s 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

The following shooting sports at ORSA interest me: _____

Skills/Occupation/Trade that could help ORSA: _____

Send \$180 Check or Bond Fee Amount with Application to:

ORSA MEMBERSHIP

P.O. Box 6094

Oak Ridge, TN 37831-6094

***MAIL ONLY NO CLUB DROP OFF!**

ORSA USE ONLY!

System Transaction ID #		Membership Expiration Date			
Check#	Check Date	Check Amount	Date Received		Comments