

APPLICATION FOR ARPA MEMBERSHIP

I hereby apply for membership in the Arkansas Rifle & Pistol Association. I certify that I am a citizen of the United States, that I am a current member of the NRA, that I am not a member of any organization which has as any part of its program an attempt to overthrow the government of the United States by force or violence, that I have never been convicted of a crime of violence, and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship.

Select Membership Type:

- Youth = \$5.00
- Annual (VOTING) = \$20.00
- 5 Year (VOTING) = \$75.00
- Club Membership = \$50.00
- Organizational = \$50.00
- Supporting = \$10.00

Print and Mail this application and payment* to:

Arkansas Rifle and Pistol Association
P. O. Box 2348
Conway, AR 72033-2348

*Make checks payable to ARPA.

Signature _____

Date _____

Name _____

Address _____

City _____

State _____

Zip Code _____

County _____

Age _____

NRA Membership Number _____

Home Phone _____

Mobile Phone _____

E-Mail Address _____

Do you want email notifications from ARPA Yes No

(Don't worry, NO SPAM!)

(NOTE: DO NOT SEND CREDIT CARD NUMBERS TO US VIA E-MAIL. FIRST OF ALL, IT IS NOT SAFE, AND SECONDLY, WE ARE NOT SET UP TO ACCEPT CREDIT CARDS.)

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING!

MEMBERSHIP APPLICATIONS MUST PASS BETWEEN TWO OFFICERS BEFORE THEY BECOME OFFICIAL!