



**NEW YORK STATE  
RIFLE & PISTOL ASSOCIATION, INC.**

**Application for individual membership**

**90 S. Swan Street, Ste. 395, Albany, N.Y. 12210**

**Phone: 518-272-2654 FAX: 518-274-4972**

Please check one:  New Member  Renewal (NYSRPA #: \_\_\_\_\_)

Name (Please PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County (NYS residents only): \_\_\_\_\_

Phone number (home): ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth (REQUIRED) MM/DD/YYYY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NRA Member?  No  Yes (NRA #: \_\_\_\_\_)

For statistical purposes only, please indicate:  Male  Female

***Please select your enrollment type/term:***

- Adult — 1 Year (ages 18-64) \$25.00
- Senior\* — 1 Year (ages 65—over) \$20.00
- Junior — 1 Year (under 18) \$15.00
- Family — 1 Year \$45.00
- Life (under age 65) \$500.00
- Life (ages 65—over) \$300.00
- Additional voluntary contribution \$ \_\_\_\_\_
- Additional voluntary contribution to Political Victory Fund \$ \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

*\* Disabled American Veterans and Active Military qualify for the Senior 1 year dues rate*

***Please indicate your payment method:***

Check or Money Order (payable to NYSRPA)  Visa  Mastercard

Account #: \_\_\_\_\_

CVV #: \_\_\_\_\_ (3 or 4 digits) Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

Local clubs you belong to: \_\_\_\_\_

Membership referred by: \_\_\_\_\_