



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

**Application for individual membership**  
**P.O. Box 1023, Troy, New York 12181-1023**  
**Phone: 800-469-7772 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 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 (ages 21—54) \$400.00
  - Life (ages 55—over) \$200.00
  - Additional voluntary contribution \$ \_\_\_\_\_
  - Additional voluntary contribution to Political Victory Fund \$ \_\_\_\_\_
- TOTAL ENCLOSED:** \$ \_\_\_\_\_

\* Disabled American Veterans 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: \_\_\_\_\_