



Application for individual membership
713 Columbia Turnpike, East Greenbush, NY 12061
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:

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Adult – 1 Year (ages 18-64) | \$30.00 |
| <input type="checkbox"/> | Senior* – 1 Year (ages 65 - over) | \$25.00 |
| <input type="checkbox"/> | Junior – 1 Year (under 18) | \$15.00 |
| <input type="checkbox"/> | Family – 1 Year | \$50.00 |
| <input type="checkbox"/> | Life – (under age 65) | \$500.00 |
| <input type="checkbox"/> | Life – (age 65-over) | \$300.00 |
| <input type="checkbox"/> | Additional voluntary contribution | \$ _____ |
| <input type="checkbox"/> | 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: _____