



# Illinois State Rifle Association

## Membership Application

Fill out and send in with payment via mail or fax, or join online at [www.isra.org](http://www.isra.org).

Phone: (815) 635-3198 Fax: (815) 635-3723 (Credit Card orders only)

### Individual Membership:

- Junior (under 19) \$5     Junior (with newsletter) \$15     1 Year \$30     2 Year \$55     3 Year \$75  
 Life (full payment) \$600\*     Veteran Life (full payment) \$500\*     Senior Life (age 65 and over) \$350\*  
 Endowment \$1,200\*     \*Easy-Pay \$50 (\$50 down, then \$50 every other month until paid in full.)  
 Patron \$1,800\*    **Below:** Check one: Easy-Pay upgrade memberships only.  
 Benefactor \$2,400\*     Mail invoice to me  
 Silver \$5,000\*    **OR**  
 Gold \$10,000\*     Automatically process my Credit Card every other month until paid in full.  
 Platinum \$15,000\*

### Primary Member Information:

Date: \_\_\_\_\_ New    Renewal # \_\_\_\_\_

Name: Mr./Mrs./Miss./Ms. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

County: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Are you a registered voter?    Yes    No

Do you want to receive email alerts?    Yes    No    Are you an NRA member?    Yes    No

If you are an Instructor, please list certifications: \_\_\_\_\_

### Family Membership:    1 Year \$45    2 Year \$81    3 Year \$110

Family memberships are limited to spouse and children under 21 living at home. Only one newsletter per family membership. Family memberships carry only one vote in Director and Officer elections and any matters that may come before the membership during meetings of the members as provided for in the ISRA Bylaws. That single vote is cast by the Primary Member listed above. Where the spouse desires to vote in the above mentioned instances, the spouse should apply for individual membership. **Range Membership is not included. There will be a \$5 fee to reprint your lost membership card.**

Spouse's Full Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Child #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #4 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Payment Information: Check one:    Check/MO    Visa    MasterCard    AMEX    Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ - \_\_\_\_\_

Signature (on Credit Card): \_\_\_\_\_

Membership: \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

MAIL completed application to:    OR    FAX completed application to:

ISRA Membership Office

PO Box 637

Chatsworth IL 60921

(815) 635-3723

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**Thank You!**