



Illinois State Rifle Association

Membership Application

Fill out and send in with payment via mail , email or fax, or join online at www.isra.org.

Phone: (815) 635-3198 Fax: (815) 635-3723 Email: member@isra.org

Individual Membership:

Junior (under 19) \$5 1 Year \$30 2 Year \$55 3 Year \$75

Junior (with newsletter) \$15 **American Hero:** 1 Year \$25 2 Year \$50 3 Year \$70

Life \$600* Senior Life (age 65 & over) \$350* American Hero Life \$500*

Endowment \$1,200*

Patron \$1,800*

Benefactor \$2,400*

Silver \$5,000*

Gold \$10,000*

Platinum \$15,000*

NOTE: American Hero includes Active/Retired Law Enforcement, Firefighter, First Responder, Military, Veteran

*Easy-Pay \$50 (\$50 down, then \$50 every other month until paid in full.)

Below: Check one: Easy-Pay upgrade memberships only.

Mail invoice to me OR Auto process credit card every other month until paid.

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: \$ _____



ISRA Headquarters
PO Box 637
Chatsworth IL 60921