

Magdalena Trail Drivers



Membership Application & Renewal

NEW _____ RENEWAL _____

NAME: _____

SASS #: _____ SASS ALIAS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (H) _____ (W) _____

E-MAIL ADDRESS: _____

NRA MEMBERSHIP #: _____

Please list any particular talents, interests, or abilities you have that may be of interest to the Magdalena Trail Drivers. _____

With which of the following committees would you like to work?

___ Range officer ___ Shooting Instruction ___ Site construction
___ Membership ___ Stage Design ___ Target/Props Construction

Please complete this form; enclose your check for \$25.00 single membership or \$35.00 for family membership payable to:

Magdalena Trail Drivers
P.O. Box 44
Magdalena, NM 87825
505-681-8479

Magdalena Trail Drivers use only:

Enrollment Date: _____ Database Update: _____