



AASA POSTAL CLUB Individual Membership Application
Includes Free AASA Logo Cap, Pen, and AASA Membership/Classification Card!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Home Phone: _____ Work Phone: _____

Skill Classification: CIRCLE (USPSA - GM M A B C D) (IDPA & NRA - M E SS MK)

Type of Membership (CHECK ONE - All US Funds)

____ Annual \$25.00 ____ 3 Year \$70.00 ____ 5 Year \$120.00 ____ Family \$85.00

Method of Payment (CHECK ONE - all US funds)

____ Check (# _____) ____ Cash ____ Money Order (# _____)

I hereby agree to comply with all Safety Rules and Regulations of the American Action Shooting Association, member ranges and clubs. Failure to do so will be forfeiture of all right and privileges of membership and access to [AASA Range](#), clubs and facilities. I certify that I meet the legal requirements of the United States to purchase and posses firearms or legally bring firearms to the USA, and will conduct myself in such a manner as not to bring the sport of action shooting into dispute. I certify that I have read and understand the [AASA Range Rules](#), Waiver and Release of Liability, and I agree to the above statements.

SIGNATURE: _____ DATE: _____

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Website: www.americanactionshooting.com

Email: tbonnet@americanactionshooting.com