USPSA Application For Membership



- ❖ Telephone: Call 360-855-2245; have your credit card ready
- ❖ Fax: Print and Complete the form below then fax to 360-855-0380
- Mail: Print and complete the form below then mail with payment to USPSA Attn: Memberships, PO Box 811, Sedro-Woolley WA 98284-0811
- Any questions? Questions about membership may be directed to membership@uspsa.org or call (360) 855-2245

Name:	E-mail:				
Address:					
City		State		Zip:	
Home Phone:		Work Phone:			
Birth date: (optional):			Gender:		
Is this o	a renewal? If so include USI	PSA Membership	No:		
Annual (US) \$40	3-Year (US) \$105	5-Year (U	S) \$175	Life (US) \$500**	
Associate Annual \$25*	3 year Associate \$75*	5-Year As	sociate \$125*	Foreign Life \$600**	
Foreign Annual \$50	3-Year (Foreign) \$135	5-Year (Fo	oreign)\$225	Benefactor \$1000**	
	Method o		•	check payable to USPSA)	
		There will be	a \$15 service (charge for all returned checks.	
Card Number:		Expires: _			
Signature					
Thereby make application to jo	ents of the United States, are y in the United States Practical Sl	nooting Association	/IPSC under th	e plan and terms as noted	
	the skills and knowledge gained in nduct myself in such a manner as				
Sianature			Do	nte:	