National Rifle Association of America
11250 Waples Mill Road
Fairfax, VA 22030

Membership Application **Effort Key: XI018369**

M/Mrs/Ms: _____
First Last MI

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Birthday: ____/____/____ Phone: ( ) _____

Email: _____ (Optional)

REGULAR MEMBERSHIP

[ ] 1 Year…….. $35
[ ] 2 Years…… $60
[ ] 3 Years…… $85
[ ] 5 Years…… $125

JUNIOR MEMBERSHIP
(Age 18 and under)

[ ] 1 Year *Insights* only….. $15

LIBERTY*ASSOCIATE (No Magazine)
(Age 65 and over)

[ ] 1 Year…….. $10

DISTINGUISHED MEMBERSHIP

[ ] 1 Year…… $30

LIFE MEMBERSHIP

[ ] Regular Life……. $750
[ ] Distinguished Life (age 65 and over)…….. $375
[ ] Junior Life (age 18 and under)……. $550

EASY PAY LIFE PROGRAM

[ ] Regular Life EPL……. $25 first of 30 Quarterly Payments
[ ] Distinguished Life EPL…… $25 first of 15 Quarterly Payments
[ ] Junior Life EPL…… $25 first of 15 Quarterly Payments

Choose one magazine you wish to receive as part of your membership:

[ ] *America's First Freedom* [ ] *American Rifleman*
[ ] *American Hunter* [ ] *Woman's Outlook*

I am paying for the following:

Membership Dues……. $ _____
Membership Renewal – Mem No:_____ $ _____ for [ ] Yrs
Additional Magazine ($15 per year)……. $ _____
Other……. $ _____
Total Amount Due **$ _____**

[ ] Check or Money Order Enclosed [ ] Bill Me
Charge to: [ ] MasterCard [ ] VISA [ ] Am Express [ ] Discover
Card Expiration: _____/_____ CSV No: _____

Signature: _____