

Greater Atlanta Defensive Pistol Association Membership Application

Applicant Full Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Phone
Home: _____ Work: _____

E-mail address: _____
(Required)

IDPA Member Number: _____ Expires: _____
(Required)

NRA Member Number: _____ Expires: _____
(Optional)

Membership Type: New Member Renewing Member
(Circle One)

Year 2007 2008 2009 2010
(Circle One)

1 Year Membership Fee: \$24.00
Memberships run from January 1st to December 31st of each year

Date: _____

My signature below attests that:

I am over twenty-one years old. I may legally possess firearms. I will not use any skill I learn while participating in Greater Atlanta Defensive Pistol Association activities for any illegal activities. I agree to abide by the bylaws and rules of the Greater Atlanta Defensive Pistol Association. I understand that this membership may be terminated by the Greater Atlanta Defensive Pistol Association for any reason.

Signature: _____

Greater Atlanta Defensive Pistol Association
4340 Park Brooke Trace
Alpharetta, GA 30022