| WRITA<br>2024<br>WRITA<br>2024<br>WRITA<br>2024<br>Western Regional<br>Independent<br>Trapshooting Association<br>2024 Membership Form   |             |
|--|-------------|
| Name (First MI Last):  |             |
| Mailing Address:   |             |
| City:State:Zip:  |             |
| Phone:Birth date (MM/DD/YYYY):   |             |
| Age: Sex: Male Female E-mail:<br>Team (write "independent" if no team)   |             |
| <ul> <li>Regular annual membership: \$20.00</li> <li>Youth annual membership (17 and under): \$5.00</li> <li>Non-WRITA member Daily Fee: \$5.00</li> </ul>   |             |
| Membership runs from January 1st to December 31st, no pro-rated fees are available for joining mid year. Mail complete tions with payment to WRITA, C/O Patty Morrill, 670 Netarts Hwy W Tillamook, OR 97141 | ed applica- |
| FOR WRITA USE  |             |
| Amount Received: Date: Date:   |             |
| Membership Number: Yardage:<br>Class:subjuniorjuniorladyvetsenior vet  |             |
|  |             |
| Card issued Entered into Database  |             |
|  |             |