



NEW CLUB REGISTRATION & REMITTANCE
(Complete front and back of form)

Club Name: _____ ASA Club ID: _____
(Filled in by office)

Primary Contact: _____

Contact Phone: _____ Fax: _____

E-Mail Address: _____

Club Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Range Location /Address: _____

City: _____ State: _____ Zip: _____

Check all that apply: Owned by Club Rented/Leased Indoor Outdoor

Number of Acres: _____ Number of Targets: _____

Broadhead sight-in target: Yes [] No []

Raised Platform Yes [] No []

Description: _____

Total Members in Your Club _____

Continue on back

ASA CLUB REMITTANCE

Club ID: _____

ASA Use Only:

Date Received: _____

Total Certificates: _____

Notes: _____

INSTRUCTIONS:

- To upgrade Individual Memberships to Family Memberships in the initial ten members add \$20.00
- For Individual Memberships over the 10-member minimum add \$50.00
- For Family Memberships over the 10-member minimum add \$70.00
- To list Landowners the fee is \$25 per Landowner
- For each Associate Member add \$20.00
- For each Scholastic member add \$20.00
- Family Secondary Lifetime Members are not eligible to meet the 10 member minimum
- ***If Primary Lifetime Members or Pre-paid members are counted to achieve the 10-member minimum, subtract \$50.00 from the \$500.00 due for each one. DO NOT SUBTRACT if you are paying for ten or more regular memberships.**

CALCULATIONS:

ASA Club Administration fee		\$ 100.00
Ten (10) ASA Memberships		\$ 500.00
Landowners	_____ x \$25.00	\$ _____
Family Memberships in the 10-member minimum	_____ x \$20.00	\$ _____
Individual Memberships over 10-member minimum	_____ x \$50.00	\$ _____
Family Membership over 10-member minimum	_____ x \$70.00	\$ _____
Associate Club Members	_____ x \$20.00	\$ _____
Scholastic Membership	_____ x \$20.00	\$ _____
ASA Office fills out paperwork	Add \$50.00	\$ _____
RUSH – Same day processing	Add \$50.00	\$ _____

SUBTOTAL \$ _____

Credit: Primary Lifetime & Pre-Paid in 10 members. _____ x \$50.00 (\$ _____)

PARTIAL PAYMENTS WILL NOT BE ACCEPTED. TOTAL DUE \$ _____

The information provided is certified to be true and correct and may be relied upon for the purposes of issuing insurance coverage for the club, members, and landowners as disclosed herein. In addition, our club acknowledges and will comply with the ASA CLUB RANGE GUIDELINES, SAFETY PROCEDURES and ASA Rules of Competition.

Authorized Club Signature

Date: _____

PAYMENT METHOD: Check / Money Order # _____ Am Ex Visa Discover MasterCard

Credit Card #: _____ Exp. Date: _____ / _____ CVV# _____

Card Holder Name: _____

Address: _____

City: _____ State: _____ Zip: _____