

DCR&G MEMBERSHIP APPLICATION 2020

() Ind. Annual \$40.00 () Family Annual \$75.00 () Life \$600.00 () Youth \$15.00 (12 thru 17 yrs.)

\$_____ Additional donation to Support the Youth Trap League.

Last Name:_____ First Name: _____ M.I. ____

For Family Membership Only: Spouse _____ Children (17 and Under)_____

Home Address _____

City:_____ State: _____ ZIP: _____

Home Phone: _____ Other Phone: _____

E-mail address: _____

Date of Receipt: _____ Received By: _____

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