

Your Membership Helps

Protect the Second
Amendment and the
Shooting Sports!

KANSAS STATE RIFLE ASSOCIATION

P. O. Box 219
Bonner Springs, KS 66012-0219
(913) 608-1910



www.ksraweb.org
info@ksraweb.org


NAME _____ New Member _____ Renewal _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

HOW DID YOU HEAR ABOUT KSRA? _____

I would like to order the following items:

ITEM	AMOUNT	QUANTITY	SIZE / COLOR	\$ TOTAL
MEMBERSHIPS				
1 Year Adult Annual	\$ 20.00			
3 Year Adult Annual	\$ 50.00			
1 Year Family – Please list family members on back	\$ 30.00			
1 Year Club	\$ 50.00			
1 Year Junior Under 18	\$ 7.00			
1 Year Junior Club - Members Under 18	\$ 15.00			
1 Year Industry Alliance	\$1000.00			
Life Membership	\$ 350.00			
Life Easy Pay 8 Quarterly Payments Over 2 Years	\$416.00 / \$52 per quarter			
Patron Life - Must Already Be Life Member	\$ 500.00			
Endowment Life - Must Already Be Patron Member	\$ 750.00			
Benefactor Life - Must Already Be Endowment Member	\$ 1000.00			
MERCHANDISE (all items can be viewed on the website)				
Window Decals - 2 In Pkg Circle One: Static or Cling	\$ 1.00			
KSRA Pins Circle One: Life or Annual	\$ 5.00			
KSRA Embroidered Patch Circle One: Life or Annual	\$ 5.00			
KSRA Hat – Black with Red Trim	\$ 15.00			
KSRA Belt Buckle	\$ 30.00			
KSRA Stainless Steel Travel Mug	\$ 10.00			
KSRA Polo Shirts 50/50 Content With Logo – Red or Black				
Short Sleeve No Pocket Small – XLarge	\$ 26.00			
Short Sleeve No Pocket 2XL – 3XL	\$ 28.00			
Short Sleeve With Pocket Small – XLarge	\$ 27.00			
Short Sleeve With Pocket 2XL – 3XL	\$ 29.00			
Long Sleeve No Pocket Small – XLarge	\$ 28.00			
Long Sleeve No Pocket 2XL – 3XL	\$ 30.00			
SHIPPING ON HATS, MUGS, SHIRTS, BELT BUCKLES	\$ 5.00		Don't Forget To Add Shipping 	
KSRA FOUNDATION DONATION – Tax Deductible				
KSRA PAC DONATION – Not Tax Deductible				
TOTAL AMOUNT DUE				

CREDIT CARD PAYMENT Circle One: Visa MasterCard Discover

Name On Card _____

Card Number _____

Exp Date _____ Signature _____

CHECK PAYMENT:

Ck# _____ Date _____ Amt _____

CASH PAYMENT:

Amount Rec'd _____ Date _____

FOR OFFICE USE ONLY

CC TR#:	NEW EXP: / /	QB DEP: / /
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