



P.O. Box 3363
Jackson, TN 38303-3363

Type of Membership Desired:

Application Date: ____ / ____ / 20 ____

___ Annual Regular Membership (\$75/Yr)

Application Fee for new members: \$ 50.00

___ Life Membership (\$750.00)

Membership Dues: \$ ____ . ____

Type of Payment: Cash ___ Check ___

Total Payment: \$ ____ . ____

Received By: _____

NAME: Last _____ First _____ Middle _____

Date of Birth: ____ / ____ / ____ Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (Home) (____) - ____ - _____ Alt Phone: (____) - ____ - _____

Email: _____ I request all communication via Email: Yes No

Shooting Interest: _____

Character References: (one must be a regular member of the TSF willing to sponsor your application)

Name Address Phone Member Y/N

Name Address Phone Member Y/N

Name Address Phone Member Y/N

TSF applications will not be processed without a valid NRA Number and Expiration date. NRA membership is required for TSF membership!

Current NRA Number: _____

Expiration Date: ____ / ____ / 20 ____

I certify that I am a citizen of the United States of America and that I am not a member of any organization or group which has as its purpose the attempt to overthrow the Government of the United States or any of the political subdivisions by force or violence; that I have never been convicted of a crime of violence and, that if admitted to membership, I will endeavor to fulfill the obligations and purposes of the Foundation's Constitution and Bylaws and to advance its charitable and educational pursuits. I understand that I MUST remain a member of the NRA for the duration of my Club membership.

Signature: _____ Date: ____ / ____ / 20 ____