

Tennessee Firearms Association

P.O. Box 198722
Nashville, TN 37219

Membership Application

G **Annual - \$35.00** G **Family - \$45.00** G **Life - \$500.00**

Applicant:

First Name: _____ Middle Name: _____ Last Name: _____

Spouse First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

E-mail (required): _____

Phone Number: _____ Day Time Number: _____

Life Member Shirt Size (circle): S M L XL XXL XXXL

Referral:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

E-mail (required): _____

Phone Number: _____ Day Time Number: _____

Check included for: _____ Date: _____

Promotion: _____

Mail Payment to: Tennessee Firearms Association
 PO Box 198722
 Nashville, TN 37219