



# Illinois State Rifle Association

## Membership Application

Fill out and send in with payment via mail , email or fax, or join online at [www.isra.org](http://www.isra.org).

Phone: (815) 635-3198 Fax: (815) 635-3723 Email: [member@isra.org](mailto:member@isra.org)

### Individual Membership:

1 Year \$ 30 Primary

Junior (under 19) \$ 15

1 Year \$ 25 American Hero:

Life \$ 600\*

Senior Life (age 65 & over) \$350

American Hero Life \$500\*

Endowment \$1,200\*

Patron \$1,800\*

Benefactor \$2,400\*

Silver \$5,000\*

Gold \$10,000\*

Platinum \$15,000\*

**NOTE: American Hero includes Active/Retired Law Enforcement, Firefighter, First Responder, Military, Veteran**

\*Easy-Pay \$50 (\$50 down, then \$50 every month until paid in full.)

**Below:** Check one: Easy-Pay upgrade memberships only.

Mail invoice to me OR  Auto process credit card every month until paid.

### Primary Member Information:

Date: \_\_\_\_\_ New Renewal # \_\_\_\_\_

Name: Mr./Mrs./Miss./Ms. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

County: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Are you a registered voter? Yes No

Do you want to receive email alerts? Yes No Are you an NRA member? Yes No

If you are an Instructor, please list certifications: \_\_\_\_\_

### Family Membership: 1 Year \$45

Family memberships are limited to spouse and children under 21 living at home. Only one newsletter per family membership. Family memberships carry only one vote in Director and Officer elections and any matters that may come before the membership during meetings of the members as provided for in the ISRA Bylaws. That single vote is cast by the Primary Member listed above. Where the spouse desires to vote in the above mentioned instances, the spouse should apply for individual membership. **Range Membership is not included. There will be a \$5 fee to reprint your lost membership card.**

Spouse's Full Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Child #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #4 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Payment Information:** Check one:  Check/MO  Visa  MasterCard  AMEX  Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

Signature (on Credit Card): \_\_\_\_\_

Membership: \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_



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