



Illinois State Rifle Association

Membership Application

Fill out and send in payment via mail, email, fax or join online at www.isra.org.

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

Individual Membership:

Primary: ____ 1 Year \$35 ____ 2 Year \$65 ____ 3 Year \$90
American Hero: ____ 1 Year \$30 ____ 2 Year \$55 ____ 3 Year \$80
Life Memberships: ____ Life \$700* ____ American Hero \$550* ____ Senior Life (age 65 & over) \$400*
____ Endowment \$1,400* ____ Patron \$2,100* ____ Benefactor \$2,800*
____ Silver \$5,000* ____ Gold \$10,000* ____ Platinum \$15,000*

Note: American Hero includes Active/Retired Law Enforcement, Firefighter, First Responder, Military and Veteran

*Easy-Pay: \$100 down. \$50/ month until paid in full. Check one option below: (Easy-Pay for Life memberships and upgrades only)

____ Mail invoice to me OR ____ Auto process credit card (every month until paid in full)

Primary Member Information: Date: ____ Renewal #: ____ New: ____ Date of Birth: ____

Name: Mr./Mrs./Miss/Ms. ____

Address: ____ City: ____ State: ____ Zip: ____

Phone: (____) ____ Fax: (____) ____ Email: ____

County: ____ Occupation: ____ Email Alerts: YES NO

Are you a registered voter? YES NO Are you a NRA member? YES NO

If you are an instructor, please list your certification: ____

Family Membership Information:

Family membership is limited to spouse or significant other 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 an 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: \$ ____



THANK YOU!



ISRA Headquarters

P.O. Box 637

Chatsworth, IL 60921

2023 Illinois State Rifle Association. DUES and DONATIONS ARE NOT TAX DEDUCTIBLE.