



ISRA VOLUNTEER APPLICATION

Please fill out the following information about yourself and **print clearly.**

Today's Date: _____

Name: Mr./Mrs./Ms. _____ Date of Birth: ____/____/____

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

Phone: _____ Cell: _____ Alt. Ph: _____

Email: _____ Best way to contact you: ____ Ph ____ Text ____ Email

Are you an ISRA Member? ____ Yes ____ No If so, Member #: _____ Date: _____

Do you have a FOID card? ____ Yes ____ No

Do you have a valid Driver's License? ____ Yes ____ No

How far are you willing to travel? ____ 0-25 miles ____ 26-50 miles ____ 51-100 miles ____ over 100 miles

Do you have firearm instructor certification? ____ Yes ____ No

If yes, please check all that apply: ____ Rifle ____ Pistol ____ Shotgun

____ Hunter Education ____ Concealed Carry

List other experience or training: _____

What is your area of interest?

____ Teaching Firearm Skills

____ Youth Programs

____ Women's Programs

____ Gun Shows

____ Competitions (circle all that apply)

Rifle Pistol Shotgun Archery

____ Special Events (circle all that apply)

Illinois Gun Owner Lobby Day Outdoor Shows
State Fair Booth Sparta, IL

____ Visiting Your Legislators

____ Assisting with meetings in your area

Other _____

Mail your completed application to:

ISRA, PO Box 637, Chatsworth IL 60921

Or fax your completed application to:

815.635.3723

Questions?

Call the membership office at: 815.635.3198

Thank you very much for your interest in volunteering for the Illinois State Rifle Association.

We will keep your information on file and if we have an event in your area, we will contact you.

Illinois State Rifle Association

Ph: 815.635.3198

member@isra.org

Fax: 815.635.3723