



ATA MEMBERSHIP REIMBURSEMENT REQUEST FORM

Date: \_\_\_\_\_

To qualify for reimbursement, the applicant must have shot registered targets as a Junior or Sub Junior last year. The applicant must have also renewed their membership in this, their second year of registered shooting.

Please fill out the following information and include a **copy** of your current year ATA average card or receipt from your membership renewal form as proof of membership.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ATA NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return Reimbursement Request Form and proof of ATA membership to:

WTA  
c/o Arlene Otto  
1015 Bay View Ct  
Mukwonago, WI 53149-1774