



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 Jay and Sarah Adams

E7201A Oak Knoll Dr.

Viroqua, WI 54665

Updated October 9, 2010