



RIMFIRE ACTION TACTICAL SHOOTERS

MEMBERSHIP APPLICATION

NAME _____ PHONE# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

Member must pick a Code Name:

CODE NAME: _____

ONE YEAR MEMBERSHIP* \$25 _____

ONE YEAR JUNIOR/SPOUSE W/MAIN MEMBERSHIP \$15 _____

ONE YEAR RENEWAL \$15 _____

TOTAL _____

Mail completed application with payment made payable to:

Kent Kramer, 430 Marquette Avenue, South Bend, IN 46617

*With new paid membership applicant will receive a customized name tape with your code name embroidered on it and an embroidered RATS patch, as well as a certificate of membership.

How you want your code name to appear on name tape (12 characters max):

Preferred name tape color** _____ Font color** _____

**Choices may be seen at: <http://armynavywisconsin.com/customize/NameTape>