

Membership Application Form

The Military Marksmanship Association, Inc., is a Veteran's Organization under Internal Revenue Code, Section 501(c)(19)

Military Marksmanship Association, Inc.
PO Box 52025, Fort Moore GA 31995-2025

www.militarymarksmanship.org

Annual Membership Dues: \$20 /Life Membership: \$500 (\$400 if over 70)

Make checks payable to Military Marksmanship Association, Inc.

Instructions: Check **Life**, **New**, or **Renewal** membership block. Check a **Years** block if you checked either the **New** or **Renewal** membership block. Check the **Veteran** block if you are a past or present member of the U.S. Armed Forces. Check the **Non-Veteran** block if you have no military service and you are not a cadet or a spouse, widow, widower, ancestor, or lineal descendant of a veteran or cadet. Check the Cadet block if you are a Cadet (ROTC or armed services academy). Check the **Spouse, Widow, Widower, Ancestor, or Lineal Descendant of a Veteran or a Cadet** block if you are a spouse, widow, widower, ancestor, or lineal descendant of a veteran or a cadet. Enter your **Past or Present Branch of Service** and enter the dates of your **Military Service**. Enter your **Past or Present Rank**. Enter your personal information and check your assignment or shooting discipline. Sign form, enclose dues, and mail to the above MMA address.

Check Membership: Life ☐ New ☐ Renewal ☐ Years: 1 yr ☐ 2 yr ☐ 3 yr ☐ 4 yr ☐ 5 yr ☐

Check Status: Veteran ☐ Non-Veteran ☐ Cadet ☐

Spouse, Widow, Widower, Ancestor, or Lineal Descendant of a Veteran or a Cadet ☐

Check Past or Present Branch of Service: USA ☐ USAR ☐ ARNG ☐ ANG ☐ USAF ☐ USAFR ☐
USCG ☐ USCGR ☐ USMC ☐ USMR ☐ USN ☐ USNR ☐

Military Service: (mm/dd/yyyy)	From		To	
Past / Present Rank				
First Name				
Last Name				
Address				
City			State:	
Phone			Zip+4:	
e-mail				

Check your assignment or shooting discipline (Check all that apply)

<input type="checkbox"/>	Action Shooting	<input type="checkbox"/>	Paralympic
<input type="checkbox"/>	Gun Shop/Gunsmith	<input type="checkbox"/>	Staff/Support (HQ, HHD, S1, S3, S4)
<input type="checkbox"/>	International Pistol	<input type="checkbox"/>	Service Pistol
<input type="checkbox"/>	International Rifle	<input type="checkbox"/>	Service Rifle
<input type="checkbox"/>	Instructor Group	<input type="checkbox"/>	Shotgun
<input type="checkbox"/>	Moving/Running Target	<input type="checkbox"/>	TDY (Summer Pick-up)
<input type="checkbox"/>	MTU (Army Area-Post Teams)	<input type="checkbox"/>	Other (Fill in):

I certify I have not been discharged from military service under dishonorable conditions and the information I provided above is correct to the best of my knowledge. By submission of this application and membership dues, I agree to read and abide by all provisions of the Constitution and Bylaws of the Military Marksmanship Association.

Signature of Applicant _____

Information provided on this form is for the use of the MMA. The information provided will be added to the MMA membership database for the purposes of compiling membership directories and email lists, and used to notify members of MMA activities or items of interest to members.