



**Renewal Form 2024 (5/15/2023)**

**BY MAIL:** Mail dues (check or money order **ONLY**), the completed form and requested documents. Mail to: TCMSA P.O. Box 4587 Pasco, WA 99302-4587

**AT CLUB MEETING:** Bring dues (check, money order or cash (**EXACT CHANGE**), the completed form and requested documents.

**ALL REQUESTED INFORMATION MUST BE PROVIDED, INCLUDING PROOF OF NRA MEMBERSHIP; COPY OF NRA CARD OR MAGAZINE LABEL.**

**IF ANY INFORMATION IS NOT PROVIDED YOUR RENEWAL WILL NOT BE PROCESSED UNTIL IT IS RECEIVED.**

Name:  Date:

Telephone:  TCMSA member number:

Address:

City/State/ Zip Code:

Email Address:

**Did you attend a work party last year?** Select appropriate dues box:

☐ YES \$55 with 2023 work party ☐ NO \$80

**NRA Lifetime Membership on file?** ☐ YES ☐ NO

NRA Lifetime Number:

**NRA Annual Membership Information:**

NRA Annual Membership Number:

NRA Expiration Date (month/date/year):

Optional Emer. Contact:  Phone: