

METRO AREA PRACTICAL SHOOTING ASSOCIATION (MAPSA)
2012 MEMBERSHIP APPLICATION / RENEWAL

Name: _____

Address: _____

Phone: (H) _____

USPSA member: Yes ___ No ___ USPSA # _____ Expires: _____

MAPSA renewal _____ Special Category: S.Senior Senior Law Lady

New member (see below**) _____

Match results will be available on the Minnesota Section web site a few days after each match – www.mnuspsa.com

Email address (please print legibly): _____

Each member and prospective member MUST CERTIFY that: "I am not now, and never have been, a member of any organization which has as any part of its program, an intent to overthrow the government of the United States by force or violence. I will uphold the Constitution of the United States, especially the Second Amendment thereto. I have never been convicted of a crime of violence. I will adhere to the bylaws and regulations of MAPSA. I will conduct myself in a safe and sportsmanlike manner, and will abide by the rules and spirit of USPSA competition.

SIGNATURE

DATE

Please make \$20.00 checks payable to: MAPSA

Mail dues to: MAPSA
1067 Finn Street South
St. Paul, MN 55116

** **New members MUST** provide proof of at least one of the following qualifications or be sponsored by a current MAPSA member:

1. Membership in a law enforcement or military organization. List branch of Service or Law enforcement agency: _____
or
2. Previous involvement in pistol competition. Indicate the shooting organization or type of discipline: _____

- or
3. Valid Minnesota permit to purchase or carry a handgun. Name of city and permit number: _____

APPLICANT SIGNATURE

MAPSA SPONSOR SIGNATURE

DATE