

**METRO AREA PRACTICAL SHOOTING ASSOCIATION (MAPSA)
2018 MEMBERSHIP APPLICATION / RENEWAL**

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email address (please print legibly): _____

Current USPSA member (please circle one): **Yes** **No**

USPSA Number: _____ Expires: _____

Special Category (please circle all that apply): **Senior** **Super Senior** **Law** **Lady**

New MAPSA Member (please circle one): **Yes** **No**

In signing below, I hereby certify:

- ✓ I am legally permitted to possess a handgun in the state of Minnesota
- ✓ I am 18 years of age or older and of good character
- ✓ I am not nor have ever been a member of any organization or group which has any part of its program the attempt to overthrow the Government of the United States or any of its political sub-divisions by force or violence and I have never been convicted of a crime of violence and if admitted to membership, will faithfully endeavor to fulfill the obligations of good sportsmanship and good citizenship, uphold the Constitution of the United States, especially the Second Amendment thereto, and adhere to the By-Laws and regulations of MAPSA
- ✓ I understand that any member who violates the above certification will automatically be expelled from MAPSA

Signature: _____ Date: _____

2018 dues are \$25.00 payable to MAPSA

Applications and dues are normally collected at the match registration desk but can also be mailed to:

MAPSA Membership
827 Deer Trail Point
Mendota Heights, MN 55115