IOWA TRAPPERS ASSN., INC.

MEMBERSHIP INFORMATION (PLEASE PRINT CLEARLY)

Name: _____

Birth Year: _____

Street Address: _____

Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail Address: _____

PLACE A CHECK MARK ON WHICHEVER CATEGORIES APPLY

(office use only: Exp. Date _____)

☐ NEW

☐ WITH PUBLICATION $30.00

☐ CK# _____

☐ RENEW

☐ NO PUBLICATION $10

☐ LIFE

☐ $1000 (includes plaque, patch with publications)

☐ $200 (includes plaque, patch with no monthly publication)

If paying by credit or debit card please fill out the information below.

☐ Master Card ☐ Visa ☐ Credit ☐ Debit

Card Number: _____

CVV (3 digit code): _____ Expire Date: _____

Signature: _____

MAIL TO: Kristan Barclay
ITA Secretary
5149 Hunt Rd.
Burlington, IA 52601