



OTERO PRACTICAL SHOOTING ASSOCIATION

P.O. Box 1606

Alamogordo, NM, 88310

<https://sites.google.com/view/oteropractical/home>

Application for Membership

Jan 1- Dec 31 for the year _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Membership(s) if applicable:

NRA: _____ USPSA: _____ SASS: _____ Other: _____

I certify that I am not a member of any organization or group having it's purpose or one of it's purposes to overthrow by force or violence the government of the United States or any of it's political subdivisions; that I have never been convicted of a crime of violence; and, that if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship.

Signed: _____ Date: _____

Individual ☐ Family ☐

\$36.00 for Individual Shooter

\$50.00 for Family Membership

New members prorated accordingly throughout the year.

Make Check payable to: OPSA