

MEMBERSHIP RENEWAL

(Mail to: WVACA • 331 W. 13 Avenue, Suite D • Eugene, OR 97401)

DUES: \$30.00/year

PLEASE PRINT

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

DATE OF BIRTH: _____ SPOUSE'S NAME: _____

I declare that I am not prohibited from owning or buying a firearm and that the above information is true and correct.

SIGNATURE

DATE