

# MEMBERSHIP RENEWAL

( Mail to: WVACA • P.O. Box 1022, Cottage Grove, OR 97424)

DUES: \$30.00/year

PLEASE PRINT

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE