



AMATEUR TRAPSHOOTING ASSOCIATION

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PRINT PLAINLY, MEMBERS CURRENT ADDRESS BELOW

IF CHANGE OF ADDRESS, PRINT PREVIOUS ADDRESS BELOW

A.T.A. # _____

NAME _____
Last First Middle Initial

ADDRESS _____
Street

_____ City State Zip

ADDRESS _____
Street

_____ City State Zip

NOTE: This form is to be used to REPLACE your PLASTIC identification CARD because it was LOST, BROKEN, or a CHANGE OF ADDRESS.