



**South Texas Marksmanship Training Center**  
**Membership Application / Renewal**

Name \_\_\_\_\_

Address \_\_\_\_\_, \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile /Contact phone \_\_\_\_\_

Age \_\_\_\_\_ Email \_\_\_\_\_

**Type of Application** (circle all applicable)    New Member                      Renewal Member  
Adult Membership (\$50.00)                      Family Membership (\$70.00)

**Are you a Certified Instructor?**                      Yes \_\_\_                      No \_\_\_

**Are you a Certified Range Officer?**                      Yes \_\_\_                      No \_\_\_

**What are your marksmanship interests?** (circle all that apply)

Junior/\$H                      Pistol                      High Power Rifle                      Long Range/Palma/F-Class  
Defense/Tactical                      Smallbore Rifle                      Mini Palma                      Sporting Rifle

Membership Pledge: I certify that I am not now, nor have I ever been, a member of any organization that has, as part of its program or goals, the overthrow of the Government of the United States by force or violence; and that if admitted to the South Texas Marksmanship Training Center, Inc. I will fulfill the obligations of good sportsmanship and uphold the Constitution of the United States.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All Memberships dated January 1<sup>st</sup> through December 31<sup>st</sup> each year, non-prorated.

Mail this form with check or money order to:

South Texas Marksmanship Training Center, PO BOX 692173, San Antonio, TX 78269

**South Texas Marksmanship Training Center, Inc. Membership Addendum**

**Family members included on Family Membership**

Spouse:

Name \_\_\_\_\_

Address \_\_\_\_\_ Mobile /Contact phone \_\_\_\_\_

Email \_\_\_\_\_

Junior Children (under 18 years of age):

Name \_\_\_\_\_

Address \_\_\_\_\_ Mobile /Contact phone \_\_\_\_\_

Age \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Mobile /Contact phone \_\_\_\_\_

Age \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Mobile /Contact phone \_\_\_\_\_

Age \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Mobile /Contact phone \_\_\_\_\_

Age \_\_\_\_\_ Email \_\_\_\_\_