APPLICATION FOR MEMBERSHIP in the 2024 NTA ALL-STATE TEAM

NAME: ATA #:

ADDRESS: ______ *NTA #: ______

DATE OF BIRTH: ______ ** CATEGORY: _____

*Must be a MEMBER of the NTA for the All-State Team Status.

** The designation for the 2024 All-State Team will be your age the 1st day of September 2022.

AVERAGE ON REGISTERED TARGETS SHOT IN TARGET YEAR 2023 (09/01/2022 THROUGH 08/31/2023)

SINGLES	AVERAGE
	AVERAGE
DOUBLES	AVERAGE

OVER-ALL AVERAGE _____

This form should be returned to the Secretary/Treasurer at the address below **BEFORE** DECEMBER 31, 2023 or by email at jtrim@vcn.com.

Joy Trim Secretary/Treasurer PO Box 380 Lewellen, NE 69147

Target requirements for your information!			
	SINGLES	HANDICAP	DOUBLES
Top Ten Shooters	2500	1500	1000
Lady	2000	1500	750
Veteran (65 up to 70)	2000	1500	750
Sr. Veteran (70 & older)	2000	1500	750
Junior (15 up to 18)	1000	1000	500
Sub-Junior (14 and under)	1000	1000	500