BTSA 2025 Annual Membership Renewal Form									
Type of Membership (Circle One)→→	Standard	Youth	Range	Family Range	Date:				
e-mail address					Birthday >>				
Name						Amount Paid			
Address:					Cash:				
Next of Kin and Phone #					Check				
Telephone #:					Check #:				
Mail form & Check	to: BTSA, P	O Box 125,	Upper Black	Eddy, PA 18972					
Family Range Member	's - Please List	the names and	d relationships	of your family membe	rs on the rever	se of this form.			

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Family Range Members - Please List the names and relationships of your family members on the reverse of this form.