

**APPLICATION FOR MEMBERSHIP
in the
2025 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 2025 All-State Team will be your age the 1st day of September 2024.*

**AVERAGE ON REGISTERED TARGETS SHOT IN TARGET YEAR 2024
(09/01/2023 THROUGH 08/31/2024)**

SINGLES _____ **AVERAGE** _____

HANDICAP _____ **AVERAGE** _____

DOUBLES _____ **AVERAGE** _____

OVER-ALL AVERAGE _____

This form should be returned to the Secretary/Treasurer at the address below BEFORE DECEMBER 31, 2024 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	1000	1000	500
Veteran (65 up to 70)	1000	1000	500
Sr. Veteran (70 & older)	1000	1000	500
Junior (15 up to 18)	1000	1000	500
Sub-Junior (14 and under)	1000	1000	500