



# TEXAS CONCEALED HANDGUN ASSOCIATION

PO Box 161713, Austin, TX 78716-1713

## Membership Application or Renewal

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Membership Category:** [Mark (X) By All That Apply]

Texas *License to Carry* (LTC) Instructor # \_\_\_\_\_

Texas *License to Carry* (LTC) Permit Holder # \_\_\_\_\_

Out-of-State Concealed Handgun License Instructor or Permit Holder # \_\_\_\_\_

Active or Retired Law Enforcement Officer       Concerned Citizen       Current Member # \_\_\_\_\_

**I want to join as:**     Annual Membership (New member or Renewal) \$30     3-yr Membership (New Member or Renewal) \$80

Life Membership \$600       Senior Life Membership \$300 (65 years +)

**Payment Options:**     Cash       Check or Money Order       Credit Card (complete the following)

Card Number \_\_\_\_\_ Expiration Date (mm/yy) \_\_\_\_\_ CVV Code \_\_\_\_\_

**I wish to receive the Newsletter by:**     Email       Paper

**Referred to the association by:** \_\_\_\_\_

As a member of the Texas Concealed Handgun Association, I will

- 1) Promote informed responsible handgun safety, ownership and education,
- 2) Uphold the Federal and Texas Constitutional rights and privileges of every law-abiding person to own, possess and use firearms, and
- 3) Support the Texas Concealed Handgun Association's legislative and regulatory advocacy mission.

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

*If you are a Texas LTC Instructor, please submit a copy of your Texas LTC Instructor Certificate with this application.*