

2020 TMA Paper Silhouette Postal Match

For TMA Contributing Members Only

Name: _____ TMA Member No. _____ Exp. Date _____

Forum User Name: _____

Address: _____

Phone#: _____

Email: _____

Age: _____ Gender: _____

Payment: (Do Not Send Cash) Check :___ Money Order: ___

Signature: _____

By signing this forum I accept full/all responsibility with regard to the safe handling of my firearm.

Return this forum along with payment of \$5.00 made out to "The Traditional Muzzleloading Association" and mailed to this address ...

Traditional Muzzleloading Association
c/o Rob DiStefano, Treasurer
58 Linden Avenue
Park Ridge, NJ 07656

www.TraditionalMuzzleloadingAssociation.org