

# LANDOWNER REGISTRATION

To endorse your Landowner as a named insurer on the certificate please complete this form. A charge of \$25 per landowner is required for listing landowners. *List addresses as you wish them to appear on the insurance certificate.*

**PLEASE PRINT LEGIBLY OR TYPE.** (Returning clubs, the Landowner ASA# is listed on club roster)

**Club Name:** \_\_\_\_\_ **ASA Club ID:** \_\_\_\_\_

**(1) Landowner Name:** \_\_\_\_\_ **Landowner ASA #** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Physical Range Property Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(2) Landowner Name:** \_\_\_\_\_ **Landowner ASA #** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Physical Range Property Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(3) Landowner Name:** \_\_\_\_\_ **Landowner ASA #** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Physical Range Property Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(4) Landowner Name:** \_\_\_\_\_ **Landowner ASA #** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Physical Range Property Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Please make additional copies as needed)