



2016 MEMBERSHIP APPLICATION

FILL OUT COMPLETELY - PLEASE PRINT LEGIBLY

Name

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First Name, Middle Initial, Last Name (No nicknames)

Date

Mailing Address:

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Complete Street Address (No abbreviations)

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City

State

Zip Code

Res. Phone:

()	—	XXX	XXXX
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Area Code

XXX

XXXX

Cell Phone:

()	—	XXX	XXXX
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Area Code

XXX

XXXX

Birthdate:

/	/	
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Month

Day

Year

Email:

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Select Type of Membership

<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE
Non-Working <input type="checkbox"/>	<input type="checkbox"/>

DUES & FEES

Family Membership	\$ 125
Single Membership	\$ 100
Family Non-Working	\$350
Single Non-Working	\$300
Initiation Fee	\$25
Introductory- Single	\$50
Introductory- Family	\$60

Each Golden Arrow Membership is required to have one adult as a member of the WBH

If Family Membership, Please provide:

Spouse's Name: _____

	Children's:	Names	Birthdates
1			
2			
3			
4			
5			

WBH (Required)

Membership # _____

Type of Shooter _____

(New Members Only)

Member nominating you for membership: _____

Do you belong to another

Archery Club? Yes No

If yes, Name of Club: _____

Do you hold a Board Seat in that club? Yes No

PLEASE SEE ATTACHED FOR DEFINITIONS OF MEMBERSHIPS AND WHAT WE EXPECT FROM YOU AS A MEMBER

This section to be completed by Golden Arrow

Date application _____

Initials of Board _____

Date dues accepted: _____

Approved: _____

Members Approving: _____

Dues paid by:

Cash

Check

#: _____

Amount: _____