



2018 MEMBERSHIP APPLICATION

FILL OUT COMPLETELY - PLEASE PRINT LEGIBLY

Name

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

Mailing Address:

Complete Street Address (No abbreviations)		
City	State	Zip Code

Res. Phone: () -
Area Code XXX XXXX

Cell Phone: () -
Area Code XXX XXXX

Birthdate: / /
Month Day Year

Email: _____

Select Type of Membership

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

DUES & FEES	
Family Membership	\$ 125
Single Membership	\$ 100
Family Non-Working	\$350
Single Non-Working	\$300
Introductory- Single	\$50
Introductory- Family	\$60

If Family Membership, Please provide:

Spouse's Name:	Phone () -
Email: _____	

Children's:	Names	Birthdates
1		
2		
3		
4		
5		
6		

Do you belong to another Archery Club? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name of Club: _____
	Do you hold a Board Seat in that club? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____	Amount: _____	