



MEMBERSHIP APPLICATION

FILL OUT COMPLETELY - PLEASE PRINT LEGIBLY

Name

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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: _____

DUES & FEES	
Family Membership	\$ 100
Single Membership	\$ 80
Family Non-Working	\$350
Single Non-Working	\$300
Initiation Fee	\$25
Each Golden Arrow Membership is required to have one adult as a member of the WBH	

Select Type of Membership

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

If Family Membership, Please provide: → Spouse's Name: _____

Children's:	Names	Birthdates
1		
2		
3		
4		
5		

WBH (Required) Membership # _____	Type of Shooter _____
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(New Members Only)
Member nominating you for membership: _____

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 dues accepted: _____	Date application Approved: _____	Initials of Board Members Approving: _____
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Dues paid by: Cash Check #. _____ **Amount:** _____