



2011 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: _____

DUES & FEES

Family Membership	\$ 125
Single Membership	\$ 100
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
Non-Working <input type="checkbox"/>	<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

<u>This section to be completed by Golden Arrow</u>	Date application	Initials of Board	
Date dues accepted: _____	Approved: _____	Members Approving: _____	

Dues paid by: Cash Check #: _____ **Amount:** _____