



1 Year Membership Application
Adult/Family

(Includes Indoor and Outdoor Venue for 12 month access)

Membership Fees: Please circle applicable amount

| | |
|--------------------|-------|
| Individual Adult | \$150 |
| Youth 17 & under | \$100 |
| Family (3 or more) | \$300 |

Archer's Name _____

Family members' name if applicable:

Spouse _____

Child _____ D.O.B. _____

Child _____ D.O.B. _____

Child _____ D.O.B. _____

Home Phone Number: _____

Email Address: _____

Home Address: _____ Postal Code _____

Emergency Phone Number: _____

Date: Membership active:

From _____ TO _____ Paid \$ _____

Card on File ____ Yes ____ NO