

MEMBERSHIP APPLICATION

Geauga Bowmen Inc. Archery Club
P.O. Box 193, Chesterland, Ohio 44026
www.geaugabowmen.com

APPLICANT INFORMATION

Name:

Current Address:

City:

State:

Zip Code:

Phone number:

DOB:

Gender: **M** **F**

Newsletter: Please mail Send via Email address:

ARCHERY HABITS

What do you shoot? **Traditional** **Compound** **Crossbow** (please circle)

How Long?

Bow **Hunting** **Fishing** (please circle)

How Long?

Resident of Ohio: **Yes** **No** (please circle)

Are you a dealer? **Yes** **No** (please circle)

What do you sell:

Website:

Are you a member of another archery organization, if so which:

Have you ever been a member before? **Yes** **No** (please circle) If **Yes**, when?

Referred by:

FAMILY INFORMATION (IF FAMILY MEMBERSHIP)

Name:

Age:

Gender: **M** or **F**

REASON YOU WISH TO JOIN

Briefly state why you wish to join the Geauga Bowmen Archery Club:

MEMBERSHIP TYPE AND PAYMENT INFORMATION

Membership Type: **Single \$75** **Family \$100** **Seniors \$40.00** *Single/Family Age 65+*

Please send payment along with this application to:

Geauga Bowmen Inc.
P.O. Box 193
Chesterland, Ohio 44026

SIGNATURES

I understand that participation in the work activities are part of my obligation of membership in the Geauga Bowmen Archery Club.

Signature of applicant:

DATE:

Signature of spouse (for joint membership):

DATE: