

SANTA CRUZ ARCHERS

Membership Application

Please print legibly

Membership year(s) _____

Name of principal applicant: _____ Age: _____ Gender: _____
(Last, First)

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ @ _____ . _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Occupation: _____ List other skills on back (e.g. carpentry, writing, etc.)

The Club may share my name & contact information with other Club members (circle one) Yes No

I am applying to become a: _____ Working Member
 _____ Non-Working Member _____ Non-Participating Member

Membership type: _____ Family _____ Individual

A Family Membership includes children under the age of 18 living in the same household. If membership is for more than one person, list family members, their relationships and children's birthdays:

Name of family member	Relationship	Birthday under 18

Continue on reverse side if necessary.

NFAA Member _____ No NFAA Membership Expires: Mo _____ Day _____ Year _____

Please bring this application, in person, to a club meeting. The members present will vote on acceptance of your application. Dues must be paid at that meeting.

Name of sponsor: _____

I will abide by the club constitution and by-laws. If I am applying for a working membership, I will fulfill my obligation by assisting with club functions, range maintenance, clerical work and etc..

Applicant Signature _____ Date: _____

Membership Checklist:

Information sheet given to applicant	<input type="radio"/>	Payment received by (initial)
Constitution provided to applicant	<input type="radio"/>	Payment type: enter check number or "Cash"
Waiver signed by applicant	<input type="radio"/>	_____