

SANTA CRUZ ARCHERS

Membership Application

Please print legibly

List Membership Year(s) requested: _____

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: Yes No

I recognize that Working Membership requires a minimum of 16 hours of club work per year and that Non-Participating members cannot hold range keys. I respectfully submit my request for Santa Cruz Archers Membership as a:

Working Member Non-Working Member Non-Participating Member.

Membership type: Individual Family

A Family Membership includes partner and children under the age of 18 living in the same household who are expected to be archers this year. If you are the only archer, please select individual membership. For family memberships, list members, their relationship and children's birthdays.

Name of family member	Relationship	Birthday under 18

Continue on reverse side if necessary.

NFAA Member: Yes No If yes, 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 so forth.

Applicant Signature _____ Date: _____

Membership Checklist (office use only):

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