ALGONQUIN ARCHERS,	INC. Quanopaug Trail, Woodbur	ry, Connecticut 06798	
MEMBERSHIP APPLICAT	TON		
APPLICANT'S NAME:			STREET
CITY:	STATE:	ZIP:	·
PHONE#	EMAIL:		
GENERAL MEMBERSHIP			
Once your application is initiation process.	s received, someone will be in to	ouch with you to discuss m	embership fees and
Do not send money with	h this application		
Are you a member of arI.B.OU.B.C.	ny of these organizations? ( chec	ck all that apply)C.A.A	\N.F.A.A.
SPONSORSHIP: (Applica	tion must be signed by one men	nber in good standing) SPC	ONSOR
NAME:	DATE:	SPONSOR	
SIGNATURE:			
1.	hereby request members	hip into ALGONQUIN ARCI	HERS, INC. I understand
this membership is prob	oationary for one year, and		
I have read and agree to	abide by the Constitution and I	By-Laws of the Organizatio	n.
APPLICANT'S SIGNATUR	E:		DATE OF
APPLICATION:			
Do Not Write Below This Line			VOTED &
APPROVED (DATE):		PRESIDE	ENT'S
SIGNATURE:			
Mail Application to: Algo			
C/O			
Bob Bruno			
O2 Fieldstone Townson			

92 Fieldstone Terrace

Naugatuck, CT 06770