WBH Membership Application

17 East Third St., Clintonville, WI 54929-0240

If you prefer to mail in your application, please fill out this form and send to the WBH office (address above) along with your payment. Contact the WBH office if you have any questions. Thank You!

As a member of the Wisconsin Bowhunters Association I agree to:

- Promote the sport of bowhunting and participate in that sport in safe and legal manner
- Educate the public regarding the value of bowhunting as a recreational opportunity and a wildlife management tool
- Foster a relationship of respect, good sportsmanship, good fellowship and mutual respect within the WBH and its members, and
- Represent the WBH at all times in a positive manner.

New ◯ Renewal ◯ New Address ☐

Name: _____
Please Print: First Middle Initial Last

Street: _____ Apt or Suite: _____

City: _____ State: _____ Zip: _____ +4 Zip: _____

County: _____ Birth Date: _____/_____/_____*

Phone: (____) _____ Cell Phone ☐ Land line ☐ *(Please check one.)*

Phone: (____) _____ Cell Phone ☐ Land line ☐ *(Please check one.)*

E-mail Address: _____

____*Yes, subscribe me to WBH communications that may include important WBH news and updates regarding bowhunting and other items of interest. (We promise not to flood your email or phone with daily notifications! Estimated to be 2 emails and/or 2 push notifications. (4 max/mo.)). We promise!*

PARENT OR GUARDIAN SIGNATURE: _____**

**Birth date required for Youth membership. **Parent or guardian signature required for Youth under 13.*

WBH Membership Type:

☐ Individual 1-Year	$35.00	$_____
☐ Youth 1-Yr (17 & under)	$10.00	$_____
☐ Family 1-Year	$75.00	$_____

****All family members under the age of 18, living at the same address will each enjoy all the benefits of membership, except one publication per family. Please provide all members first, middle and last names:*

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