



# POYNETTE BOWHUNTERS ASSOCIATION, LTD

## 2026 **FAMILY** Membership Application

All memberships run from January 1, through December 31.  
Bowhunter's Membership fee includes a Wisconsin Bowhunters Membership fee  
(\$25 – individual / \$60 – family)  
(PBA is a 101% WBH member)

Renewal(s) \_\_\_\_\_ New Member(s) \_\_\_\_\_

**FAMILY MEMBERSHIPS:** (16) sixteen volunteer combined workhours required

**NOTE:** 60 individual volunteer hours = **FREE** membership the following year (membership form still required)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Additional Family Members (please provide emails for those over 18 for newsletter, announcements & voting. and D.O.B for those under 16yrs):

Name: \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
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QTY	ITEM	COST	TOTAL
	Associate Family Membership (non-working)	\$425	\$
	Family Membership (16hrs combined work requirement)	\$225	\$
	Replacement proximity card (keyfob)	\$25	\$
	New proximity card deposit (keyfob)	\$10	\$
	Volunteer work hours less than 4/8 worked in your last membership year	\$15	\$
	<b>Credit card/PayPal fee</b>	\$5	\$
	Any additional contribution is greatly appreciated. <b>THANK YOU!</b>		\$
	<b>TOTAL DUE</b>		\$
	(Payment can be made in Cash, Credit/Debit card, or Check. Payable to "PBA")		

☐ **Check here if you are a bowhunter.**

☐ **Check here if you are a WBH Life Member.**

☐ All club members are expected to uphold club rules, participate in club functions, complete the required volunteer workhours and participate in committees as outlined in our by-laws, guidelines and DIT's.

☐ I am fully aware of the risks associated with participating in the sport of archery, and in waiving all claims, I acknowledge and understand these risks, and willingly assume all risks associated with my participation.

**You must be present at the PBA Clubhouse to activate  
your key fob and to have your renewal or new membership confirmed:**

**Signature**

**Date**

**Parent / Guardian Signature**

### FOR OFFICE USE ONLY:

Method of Payment: ☐ Check # \_\_\_\_\_ ☐ PayPal ☐ Credit Card ☐ Cash

Total Amount Paid: \_\_\_\_\_

Received by: \_\_\_\_\_

☐ Member Entry ☐ Email ☐ Worklog ☐ Skynet

**Name:** \_\_\_\_\_ **keyfob #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **keyfob #:** \_\_\_\_\_

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