

MEMBERSHIP APPLICATION

Geauga Bowmen Inc. Archery Club
P.O. Box 193, Chesterland, Ohio 44026
www.geaugabowmen.com

APPLICANT INFORMATION

Name:
Current Address:
City: State: Zip Code:
Phone number: DOB: Gender: M F
Newsletter: [] Please mail [] Send via Email address:

ARCHERY HABITS

What do you shoot? Traditional Compound Crossbow (please circle) How Long?
Bow Hunting Fishing (please circle) How Long? Resident of Ohio: Yes No (please circle)
Are you a dealer? Yes No (please circle) What do you sell: Website:
Are you a member of another archery organization, if so which:
Have you ever been a member before? Yes No (please circle) If Yes, when?
Referred by:

FAMILY INFORMATION (IF FAMILY MEMBERSHIP)

Name: Age: Gender: M or F
[Empty rows for family information]

REASON YOU WISH TO JOIN

Briefly state why you wish to join the Geauga Bowmen Archery Club:
[Large empty space for text]

MEMBERSHIP TYPE AND PAYMENT INFORMATION

Membership Type: Single \$100 [] Family \$125 [] Seniors \$40.00 [] Single/Family Age 65+
Please send payment along with this application to:
Gauga Bowmen Inc.
P.O. Box 193
Chesterland, Ohio 44026

SIGNATURES

I understand that participation in the work activities are part of my obligation of membership in the Geauga Bowmen Archery Club.
Signature of applicant: DATE:
Signature of spouse (for joint membership): DATE: