

# MID GA ARCHERY CLUB MEMBERSHIP

NOTE: This form must be completely filled out in order to meet our insurance requirements. Any applicant not meeting this requirement will not be allowed to shoot. All new and current members must be financially up-to-date with club dues.

By applying for membership the applicant(s) it is understood that safety of all members is paramount and unsafe behavior will not be tolerated. All persons on the field will conduct themselves in a polite and respectful manner to others.

PERSONAL INFORMATION					
Today's Date:			Membership #		
Applicant Full Name:					
Mailing Address					
City			State		Zip
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone					
Home Phone Number:			Cell Number:		
Email Address:					
TYPE MEMBERSHIP					
Single Membership: \$50.00	<input type="checkbox"/>		Annual:	<input type="checkbox"/>	
Family Membership: \$70.00	<input type="checkbox"/>		Renewal:	<input type="checkbox"/>	
If joining as "Family" please list Family Members below and birth date of each under 18 years of age. For those over 18 please list Month and date only.					
Name	Date of Birth	Name	Date of Birth		
Mid Ga Archery Club reserves the right to refuse, suspend or terminate any person(s) whose conduct is unsportsmanlike, threatening or dangerous to others.					
I, _____ am prepared to accept responsibility for those listed above who are under the age of 18, until they reach that age.					

Signature of Applicant