



# 2025 MEMBERSHIP APPLICATION

FILL OUT COMPLETELY - PLEASE PRINT LEGIBLY

Name

First Name, Middle Initial, Last Name (No nicknames)		Date

Mailing Address:

Complete Street Address (No abbreviations)		
City	State	Zip Code

Res. Phone:

( )	—
Area Code	XXX XXXX

Cell Phone:

( )	—
Area Code	XXX XXXX

Birthdate:

/	/
Month	Day Year

Email:

--

Select Type of Membership

<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE
Non-Working	<input type="checkbox"/>

## DUES & FEES

Family Membership	\$125
Single Membership	\$100
Family Non-Working	\$350
Single Non-Working	\$300
Initiation Fee	\$25
Introductory- Single	\$50
Introductory- Family	\$60

Each Golden Arrow Membership is required to have one adult as a member of the WBH

If Family Membership, Please provide:

Spouse's Name:	
----------------	--

Children's:	Names	Birthdates
1		
2		
3		
4		
5		

WBH (Required) Membership #	Type of Shooter
-----------------------------	-----------------

(New Members Only) Member nominating you for membership:
--

Do you belong to another Archery Club? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name of Club: Do you hold a Board Seat in that club? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

### PLEASE SEE ATTACHED FOR DEFINITIONS OF MEMBERSHIPS AND WHAT WE EXPECT FROM YOU AS A MEMBER

<small>This section to be completed by Golden Arrow</small>	Date application	Initials of Board
Date dues accepted:	Approved:	Members Approving:

Dues paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check	#:	Amount:
--	----	---------