

# MEMBERSHIP APPLICATION FORM



Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Region: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NEW MEMBER  RENEWAL

1 Year Membership Fee: \$25 <input type="checkbox"/>	2 Year <i>Discounted</i> Fee: \$40 <input type="checkbox"/>	3 Year <i>Discounted</i> Fee: \$55 <input type="checkbox"/>
Life Membership Fee: \$400 <input type="checkbox"/>	Sign Up As A Booster: \$30 <input type="checkbox"/>	Benefactor Membership: \$250 <input type="checkbox"/> (Must be Life Member first)

**Additional donations for:**

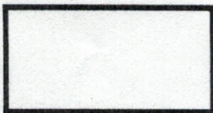
Camo to Camo Fund..... \$ \_\_\_\_\_  
 Physically Challenged Fund..... \$ \_\_\_\_\_  
 Youth Programs..... \$ \_\_\_\_\_

**YOUTH MEMBERSHIP "Spikes" Program**

Youth Membership: \$ 10  Youth Lifetime: \$300 (Converts to Adult at age 14)

Youth Birthdate \_\_\_\_\_ Parent or Guardian (Print) \_\_\_\_\_

**TOTAL CASH \$ ENCLOSED=**



**CREDIT CARD PROCESSED  
THROUGH SQUARE READER**

**CHECK BOX**

VISA/MASTERCARD PAYMENT OPTION:

Card # \_\_\_\_\_ Expiration: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Make Checks Payable to: **NEW YORK BOWHUNTERS, INC.**