

MEMBERSHIP APPLICATION FORM



Name: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

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: \$500 <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.....\$ _____
 General Fund.....\$ _____

YOUTH MEMBERSHIP "Spikes" Program

Youth Membership: \$ 10 Youth Lifetime: \$300 (Converts to Adult at age 18)

Youth Birthdate _____ Parent or Guardian (Print) _____

TOTAL = \$



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.**