

2019-2020 Southwest Bowbenders Archery Club

PO Box 702, Worthington, MN 56187

**** Please Print Legibly ****

Check# _____

Receipt # _____

Date Paid _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **E-Mail Address:** _____

Please Check Membership Level Desired Below	If Paid By Dec 31, 2019	If Paid After Dec. 31, 2019 Add'l \$25/month	Totals
() Family* (Includes spouse and dependent children under 18 or still in school)	\$150.00	Jan \$175 Feb \$200 Mar \$225	\$
() Adult Single	\$75.00	Jan \$100 Feb \$125 Mar \$150	\$
() Junior (Age: _____ and Birthdate: _____ Required For Membership)	\$50.00	Jan \$75 Feb \$100 Mar \$125	\$
League fees from other side			\$
Locker Rent – list locker #(’s)			\$
JOAD Annual Fee (list names)			\$
Other payment – please explain			\$
		GRAND TOTAL	\$

Please **check** if you are a current, paid member of any of the following: ___ NAA ___ NFAA ___ MAA ___ MSAA ___ Other

*For Family Membership List Family Names And Birthdates Of Children (Month, Day, Year) add another sheet if necessary

Spouse: _____

(Month/Day/Year)

Child: _____ **Birthdate:** _____ **Child:** _____ **Birthdate:** _____

Child: _____ **Birthdate:** _____ **Child:** _____ **Birthdate:** _____

Please Circle the names of those above interested in joining leagues.

I agree to abide by the rules of the Association. _____ **Date:** _____

Member Signature