

CAPITOL CITY BOWMEN MEMBERSHIP APPLICATION

Please Print

Name: _____ **Date of Birth:** _____
(first, middle, last)

Mailing Address: _____

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

E-Mail: _____ **Personal or work E-Mail? Y or N**

Home Phone: _____ **Cell Phone:** _____

Best Time to call: _____

Please check which way you like to receive club flyers, events etc.

- Regular postage**
- E-mail (save club on postage and printing)**

Associate members:

Name: _____ **DOB:** _____ **Relationship:** _____

Name: _____ **DOB:** _____ **Relationship:** _____

Name: _____ **DOB:** _____ **Relationship:** _____

Name: _____ **DOB:** _____ **Relationship:** _____

Member of following organizations: (Please list all adult members who are members)

WSAA: _____ **NFAA:** _____ **NAA:** _____ **WSB:** _____ **NRA:** _____

Certified Archery Instructors: (Please list any adult member who is an certified instructor & level)

NASP Instructor: _____ **NFAA Instructor:** _____

NAA Instructor: _____

Signed: _____ **Date:** _____

1. Make your check for \$10 payable to **Capitol City Bowmen**.
2. Submit it along with this completed application to:

Capitol City Bowmen, PO Box 1693, Olympia, WA 98507-1693