

# HORSE CREEK TRADITIONAL ARCHERY CLUB, INC.

## Membership Application

Applicants Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of Membership Requested:

Individual \_\_\_\_\_ \$25.00

Family \_\_\_\_\_ \$35.00

List family members to be included:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Membership \_\_\_\_\_

Renewal \_\_\_\_\_

By signing this form I agree to follow all rules set forth by Horse Creek Traditional Archery Club, Inc. toward its membership and all range rules.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Term of membership is one year from the date approved with renewal running year to date.