

Membership Form

WHITEHORSE ARCHERY F.C.A.#		Date:	Date: Membership Year:	
		Membership Y		
Name:		Male	Adult	
Address:		Female	Youth (16 & under)	
			moday	
E-mail:		Phone: day:		
Emergency Contact: (Name and Phone)		evening: _		
For Youth Only: (Paren	t or Guardian consent)			
Signature:		Print name:		
running and maintenance o I hereby apply for members and regulations of the club, club. I am aware that the shooting Club or any of its officers or	ub is owned and operated by f the club. ship in the Whitehorse Archer and understand that the mer g of a bow and arrow can be members responsible for inj	Responsibilities It its members. All members are required Y Club. Upon my acceptance, I agree in the modern must contribute to the running and dangerous. I agree that I will not hold ury to myself or my family while at club are, and any property damage or personal.	to abide by the rules and maintenance of the the Whitehorse Archery o meets. I release the	
* By signing you indicate yo	ou have read and understand	this waiversigned		
	\$55 (family \$125) nada membership which is re	Drop in \$15 (applicable to a Equipment rental \$10 Drop in + equipment rental \$	\$20	
		ld of which no more than two are 18 o		
Club administration use only		Date received: yr mo day		
Amount received:		☐ Cash ☐ Cheque#		
Received by (print clear	rlv)·			

Please provide member with receipt from receipt book.