



**ELKHORN ARCHERS
MEMBERSHIP APPLICATION**

INDIVIDUAL: **\$25.00** PER YEAR ← **Circle One** → FAMILY: **\$35.00** PER YEAR

NAME: _____ PHONE#: _____

ADDRESS: _____ MAILING: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE#: _____

FAMILY MEMBERS	RELATIONSHIP	AGE (optional)

AS A MEMBER, I (the applicant & family members) AGREE TO ABIDE BY THE LAWS AND REGULATIONS SET FORTH BY THE ELKHORN ARCHERS CLUB.

DATE: _____ SIGNED: _____

MEMBERSHIP GOOD FROM: _____ UNTIL: _____

Mail Application With Payment To:
Elkhorn Archers
PO Box 664
Baker City, OR 97814