



**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  
2235 16<sup>th</sup> Ave.  
Baker City, OR 97814