

**SHASTA MOUNTAIN ARCHERS**

**Membership Application**

**For Calendar Year 2020**

NEW  
 RENEWAL

SINGLE/FAMILY \$35.00  
 YOUTH \$10.00 only under 18

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL#: \_\_\_\_\_  
(Please include area codes)

E-MAIL: \_\_\_\_\_  
(Please print clearly; email is the preferred communication)

NAMES OF FAMILY MEMBERS: \_\_\_\_\_

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(Spouse/Significant Other and children under 18 living in the same household)

Are you a member of CBH or NFAA?  Yes  No  
If yes, please list your membership number? \_\_\_\_\_  
(This is important for club insurance and NFAA charter; discounted rates for the club insurance and Cascade Region membership.)

Club membership entitles you and family member's unlimited use of the range and to participate in all club functions. Visit our website at [www.shastamountainarchers.com](http://www.shastamountainarchers.com) for current activities and calendar.

Please make checks payable to Shasta Mountain Archers.  
Mail to: Shasta Mountain Archers, P.O. Box 101, Mt Shasta, CA 96067.  
Please have each adult sign the wavier/release of liability (copy attached) and mail with payment.

Questions? Email: [shastamountainarchers@gmail.com](mailto:shastamountainarchers@gmail.com)