

SHASTA MOUNTAIN ARCHERS
Membership Application 2021

NEW
 RENEWAL

SINGLE/FAMILY \$35.00
 YOUTH ONLY under 18 \$-0-

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: _____

(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; Cascade Region. membership.)

Club membership entitles you and family member's unlimited use of the range and to participate in all club functions. Youth only memberships entitles unlimited use of the range and to participate in all club functions solely, does not include family members. Youth under age 16 must be accompanied by an adult.

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 form (copy attached) and mail with payment. Youth Memberships require parent or guardian signatures on waiver/release of liability forms.

Our website www.shastamountainarchers.com
Questions? Email: shastamountainarchers@gmail.com