

SHASTA MOUNTAIN ARCHERS
Membership Application
For Calendar Year 2017

NEW
 RENEWAL

FAMILY \$35.00
 YOUTH only \$10

NAME OF APPLICANT: _____

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; discounted rates for the club insurance and Cascade Region membership.)

Club membership entitles you and family members unlimited use of the range and to participate in all club functions. Visit our website at www.shastamountainarchers.com for current activities and calendar.

Please make checks payable to Shasta Mountain Archers and mail to P.O. Box 470, Mt Shasta, CA 96067. Please have each adult sign the wavier/release of liability and mail with payment. This form may be downloaded on the website.

Any questions? Call Jeanne, Treasurer, at 530-524-7278 or email her at steve@shastamountainrachers.com.