



OBISSQUASOIT BOWMEN

P.O.BOX 302

398 ALLOWAY-FRIESBURG ROAD

ALLOWAY, N.J. 08001

MEMBERSHIP APPLICATION

I, _____ (PLEASE PRINT)

HEREBY APPLY FOR ASSOCIATE MEMBERSHIP IN THE OBISSQUASOIT BOWMEN, INC. ARCHERY CLUB. IF ELECTED I WILL ABIDE BY THE BY-LAWS, AND THE RULES AND REGULATIONS OF SAID CLUB, AND WILL DO ALL IN MY POWER TO IMPROVE SPORTSMANSHIP IN OUR STATE.

SIGNED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SPONSORED BY _____

DATE OF APPLICATION _____ DATE ACCEPTED _____

SENIOR MEMBERSHIP DUES: _____

ASSOCIATE MEMBERSHIP DUES: _____

TOTAL: _____

NAMES OF FAMILY MEMBERS _____ BIRTHDATE (IF UNDER AGE 18) _____

MEMBERSHIP APPLICATIONS SHALL BE SUBMITTED IN PERSON TO THE CLUB AT THE MONTHLY MEETING WHICH IS GENERALLY HELD THE FIRST MONDAY AT 7:30 PM.