



Application For Membership

Date: _____

Name _____

Address _____

City/ State /Zip _____

Phone Number _____ Cell Phone _____

E-MAIL _____

(CHECK ONE)

() Single Membership \$25.00

() Family Membership \$30.00

I hereby make application for membership in the membership in the Warren Archery Club and

In doing so agree to abide by its Constitution & By-Laws.

Applicant's Signature _____

Warren Archery Club is located on Morrison Run Road. All memberships run from January 1 through December 31, regardless of application date. Family membership are available to include spouse and Children under 16 years of age.

Names, addresses and phone numbers of Club Officers and directors, as well as the club's Constitution and By-Laws, are posted at the club. Any questions are to be directed to any board member. Mail Completed applications with a check payable to Warren Archery Club to:

WARREN ARCHERY CLUB

P. O. BOX 283

WARREN, PA 16365

You will receive a membership card once the application and payment are received.

The Warren Archery Club is affiliated with the U.S. Forest Service. We do not discriminate on the basis of race, color, national origin, sex, age, disability and prohibits reprisal or retaliation for prior civil rights activities.