



## Membership Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

For Family Membership, fill in the following:

Spouse: \_\_\_\_\_

Children / Name / Age:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When is the best time to contact you? \_\_\_\_\_

Membership becomes effective only upon approval of the committee and remittance of membership dues. The committee reserves the right to refuse membership.

I have read the by-laws and agree to abide by the rules of this.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If interested in membership, please print page and mail a completed application form to:

Buck Trail Archers, Inc  
P.O. Box 5  
Burlington, WI 53105-0005