



MEMBERSHIP APPLICATION FORM

SINGLE MEMBERSHIP

FAMILY MEMBERSHIP

LAST NAME FIRST NAME D.O.B.

SPOUSE D.O.B.

ADDRESS

CITY STATE ZIP

PHONE NUMBER - Area Code E-MAIL ADDRESS

CHILDREN (Family Membership)

1. D.O.B.

2. D.O.B.

3. D.O.B.

4. D.O.B.

ANNUAL MEMBERSHIP DUES ARE \$60.00 (per year) FROM JANUARY 1st THROUGH DECEMBER 31st.

TO BE ELIGIBLE TO SHOOT EVENTS AT THE STATE LEVEL AND TO BE ELIGIBLE FOR BIG GAME AWARDS, MEMBERSHIP IN NFAA/CHB IS REQUIRED.

I UNDERSTAND AND AGREE TO COMPLY WITH THE BY-LAWS OF YAH! BOWMEN OF MODESTO.

Signature _____ Date _____

Please make checks payable to YAH! BOWMEN and mail to:
YAH! BOWMEN POST OFFICE BOX 576742 MODESTO, CALIFORNIA 95357-6742

For more information contact: Barry Vandermoulen 209.345.4762 or Ross Schemmel 209.576.1068