



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 Vandermolen (209) 524-2437, Jerry Callaway (209) 606-6742 or Susie Oliveira (209) 838-3034