



Membership Form

Date: _____
 Surname: _____ First Name: _____ Male/Female _____
 Address: _____
 City: _____ Postal Code: _____
 Home Phone: _____ Cell Phone: _____
 e-mail address: _____
 Date of birth: _____ AA/AC#: _____

Other family members:

Name	Date of Birth(yyyy-mm-dd)	Male/Female	AA/AC#

If you have paid for your AA/AC membership through another club, please indicate the club:

Check Applicable Boxes:

Do you want to receive club emails? YES NO

Membership Costs:

Organization:	Type:	Cost:	Paying:
	Archery AB/Archery Canada		
Alberta Archers/Archery Canada (fiscal yr.)	Junior	\$38	
	Senior	\$43	
	Family	\$112	
Range Membership: \$250/year or new memberships purchased part way through the year are prorated at \$21/month for remainder of year additional family members prorated at \$4.25/month	Single	\$21/month or \$250/year	
	Family Members	\$4.25/month or \$50/year	
Additional Key for \$25/key		\$25/key	
for additional family members 15 or under in calendar year are free, 16 and up in calendar year are \$50 must reside in same house		TOTAL	

For Office Use Only:

Date Paid:	Amount Paid:
<u>Method of payment</u>	
Cash: <input type="checkbox"/>	
Cheque: <input type="checkbox"/> cheque #: _____ E-transfer: <input type="checkbox"/>	
Keys Received (number):	Keys Returned:

Membership sold by (Bowbender member name): _____