



Membership Form

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

Other family members:

Name	Date of Birth	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: \$200/year or new memberships prorated at \$17/month for remainder of year – family can purchase extra key for \$5	Single	\$17.00/month	
	Family	\$17.00/month \$5 extra key	
*for family membership, additional family members must be 17 years or younger during the year of membership.	TOTAL		

For Office Use Only:

Date paid: _____ Amount paid: _____

Method of Payment: Cash: _____ Cheque #: _____

Keys received (number): _____ Keys returned: _____