



MEMBERSHIP REGISTRATION FORM

PLEASE PRINT, FILL OUT, and MAIL TO ADDRESS ON THE BOTTOM OF FORM.

NAME _____ ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

NEW RENEWAL DATE _____

Please check in the box if you are a member of any of the following:

WSAA NFAA NAA TBW WSB

NAME OF SPOUSE _____

NAME OF JUNIOR FAMILY MEMBER(S)

_____	Date of Birth	_____
_____	Date of Birth	_____
_____	Date of Birth	_____
_____	Date of Birth	_____

MEMBERSHIP DUES:

Single Adult: \$30.00/year/\$2.50 monthly
 Couple: \$40.00/year/\$3.35 monthly
 Family: \$45.00/year/\$3.75 monthly
 Youth Members: \$15.00/year/\$1.25 monthly, for ages 13-17

NOTE: Please PRO-RATE membership dues ending JUNE each year.

Please Send Form With Check To:

COLYAK BOWHUNTERS
 P.O. BOX 6344
 Kennewick, WA 99336

♣♣ For questions, please call Pat Slape-Secretary/Treasurer @ (509) 582-6746