

BERGEN BOWMEN, INC.

Membership Application

PLEASE PRINT CLEARLY

MEETINGS ARE HELD AT 7:30 P.M. ON THE 1ST MONDAY OF THE MONTH, EXCEPT FOR HOLIDAYS, THEN IT WILL BE THE FOLLOWING MONDAY.

Date: _____
Name: _____
Full Mailing Address: _____
Email: _____ Phone Number: _____

Name of Bergen Bowmen Member who is sponsoring you (if any): _____

Previous Archery Experience: _____

Archery Equipment Owned: _____

Are you interested in: _____ Target Archery _____ Field Archery _____ Bow Hunting _____ Bow Fishing

I have a current or previous bow hunting license in: _____ NJ _____ NY _____ PA _____ other states/Canada

If you do not have a bow hunting license, but are interested in getting a bow hunting license in NJ, you to need to must take a Bow Hunter Safety Course first . Would you be interested in taking the course? YES NO

_____ Archery Shoots
_____ Archery Exhibits
_____ Annual Venison Dinner
_____ Campgaw Mt. Range

_____ Guest Speakers & Topics
_____ Good Welfare
_____ Computer/Website
_____ Bergen Bowmen Bulletin

Please Check off the membership you wish to apply for: Due are Non Prorate and are due Jan of each year.
(You must be present at the meeting in which you are applying for membership as per our organization by-laws. Consideration is given to jr. members) All initial applicants are probationary members as per our by-laws for a period of not less than one year.

_____ \$30.00 Adult Membership (16 years and older)

The Bergen Bowmen Bulletin/ Minutes are sent by email, unless you specifically request for it to be sent by postal mailed.

_____ \$ 15.00 Spouse Membership, please give spouse's name: _____

_____ \$ 5.00 Junior Membership, must be under a full adult membership:

Please only list each child's name and age if applying for membership

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Applicant's Signature

Treasurer to fill out:

Membership Chair to fill out:

Total dues paid: _____

Paid By: CASH CHECK # _____

Probationary Membership received: _____

Member eligible for Regular Membership: _____

Member eligible for Life Membership: _____

Original to be held by either Membership Chair or Treasurer

A completed copy of this application should be either copied and mailed or scanned and emailed to Secretary for additional recordkeeping