

Trosper Archery Club Membership Application 2020 Calendar Year

Check One: Single (\$45) _____ Family (\$85) _____

New Member _____ Renewal _____ Shop (Associate Member) _____ Other (Associate Member) _____

Main Member Name: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Emergency Contact: _____ Phone: _____

Date of Birth: _____ Years Involved in Archery: _____

I prefer: Indoor _____ Field _____ Target _____ 3D _____ Broadhead _____ Bowhunting _____ JOAD _____

Please list the names for all Family Members needing Quiver Tags in addition to Main Member:

By signing below, I agree that I have read and understand the Membership Information found on the Trosper Archery website, and I will abide by the Trosper Safety Code and have access to the Club Bylaws. I further agree to abide by these rules and to make certain any guests I bring on club premises pay their fees, \$5.00 PER GUEST, PER DAY, and also abide by these rules. I also understand that Trosper operates on the honor system for shooting fees, concessions, and use of the facilities, and I will protect the club assets. I understand that noncompliance of these rules is grounds for loss of my club membership. I understand that my name, address, email, and telephone numbers may be published in the Club Membership Directory that will be in possession of board members, but this personal information will be kept private, and not be shared with any non-related entities. I further that I will have my quiver tag visible and on my person at all times while on the Trosper Archery Club Range.

The Trosper Archery Club Annual membership is valid from January 1 through December 31. A 50% discount is offered to active military, police, fire, and EMS personnel.

Signature: _____ Date: _____

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2020 Trosper Archery Club Temporary Quiver Tag

Shooter: _____

2020 Gate Code: _____

Authorized by: _____

Date: _____

