

APPLICATION FOR MEMBERSHIP IN WAUKEGAN BOWMEN

NEW *RETURNING

THE WAUKEGAN BOWMEN, INC., is a non-profit organization consisting of archers whose interest is archery and bow hunting and primary function is the maintenance of a practice and shooting range for the benefit of the membership body. The dues are minimal and upkeep of the range is the sole responsibility of the members. There are a variety of ways members contribute to the maintenance of the range and other functions of the club:

1. Target butts must be kept in good repair.
2. Targets must be prepared and replaced as needed.
3. The range must be kept in good appearance.
4. On certain occasions during the year, members will be asked to contribute time, food or donations when needed at various club activities and shoots.

Monthly meetings are held on the first Wednesday of the month and all members are urged to attend. Issues involving club activities are discussed and decided by vote. Officers are elected by the membership annually.

Every new member is required to contribute a minimum of 16 hours per year until the member has been in the club for 3 full years. After that time, voluntary work hours are encouraged. *If a member leaves the club prior to 3 years, they may return later and complete the remainder of their work hour requirement at that time.

Please answer the following questions:

1. What other archery clubs have you been a member? _____
Are you a member of any other club now? YES _____ NO _____
2. Why would you like to join our club? _____
3. What type of archery equipment do you use (bow type, pins, releases, etc.)? _____
4. Would you like fundamental shooting assistance? YES _____ NO _____
5. What type of game have you bow hunted? _____
6. How many years have you bow hunted? _____
7. How long have you known your sponsor? _____
8. How many club meetings a year do you plan to attend? _____

I have read the conditions stated above and agree to fulfill my responsibilities when accepted as a member of this organization.

NAME _____ EMAIL _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

NAME OF SPONSOR _____

*FIRST YEAR INITIATION FEE _____ ANNUAL DUES _____

(*Initiation fee waived for returning member)

SPONSOR'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____