

DEERSLAYER BOWMANS CLUB MEMBERSHIP FORM

\$40 Individual or Family Annually - Membership Year is from Sep 1 - Aug 31

Today's date: _____			
CONTACT INFORMATION			
First:	Last:	Date of Birth: ____ / ____ / ____.	
Type of Membership: <input type="checkbox"/> Individual <input type="checkbox"/> Family	Family Members Names: (if family membership)		
Street address:		Phone Number: ()	
P.O. box:	City:	State:	ZIP Code:
Occupation: (optional)		IBO Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email: _____			
I have received & read the Deerslayer's By-Laws:			
_____		_____	
<i>Signature</i>		<i>Date</i>	

Please mail to:
Deerslayer Bowman's Association
PO Box 1025
Oswego, NY 13126

OFFICE USE ONLY	
Card Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuer of the card: _____
	<i>Signature</i> _____ <i>Date</i> _____