

SAUK VALLEY ARCHERS

598 PALMYRA ROAD
DIXON, IL. 61021

2011 MEMBERSHIP APPLICATION

DATE: _____

Last Name: _____ First Name: _____ Date of Birth: _____

Names of Other Family Members:

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____ Email: _____

**New Member: yes no ** Membership Renewal: yes no
**Circle yes or no

MEMBERSHIP FEE: \$75.00 (plus a minimum of 5 working hours per year)

Memberships include all family members: husband, wife, children 17 and under, living in the same household.

Memberships are due December 1st each year.

Make checks payable to: Sauk Valley Archers Club (S.V.A.)

Note: Memberships include one key for unlimited access to the indoor range. Keys will be individually numbered and stamped "DO NOT COPY". The lock will be re-keyed annually, or as deemed necessary and new keys issued upon payment of dues. Lost or stolen keys can be re-issued by the club at a fee of \$10.00.

By applying for membership and signing this application, I agree to abide with all safety rules and regulations set forth by the Sauk Valley Archer's Constitution and By-Laws. I also agree to work a minimum of 5 hours per year, and to help support and promote the club when called upon.

Signature: _____

We will once again offer the one time practice fee for the indoor range of \$50.00; this includes unlimited practicing for members only, as listed above, for the full year. If you are interested in this option, you may include with the membership dues if you choose.

AMOUNT PAID:

Membership: _____
Practice: _____
Indoor 5 Spot League: _____

TOTAL ENCLOSED: _____