

OLD HICKORY LAKE BOWMEN CLUB MEMBERSHIP APPLICATION

<u>PLEASE PRINT</u> NAME:		PHONE #
ADDRESS:		
CITY:	STATE:	ZIP:

ADDITIONAL FAMILY MEMBERS JOINING CLUB

NAME:		
NAME:		
NAME:		
NAME:		
NAME:		
PLEASE CHECK ONE	RE-JOINING CLUB	NEW MEMBER

PLEASE CHECK ONE

YES	NO
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HAVE YOU TAKEN THE BOWHUNTING EDUCATION COURSE?		
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IF YES, DATE COMPLETED _____

ARE YOU A TARGET ARCHER?		
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ARE YOU A BOWHUNTER?		
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ANNUAL INDIVIDUAL MEMBERSHIP DUES	\$20.00
ADDITIONAL FAMILY MEMBERSHIP DUES (\$1.00 PER PERSON)	\$

TOTAL ENCLOSED	\$
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CASH	CHECK # _____
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IF SPONSORED BY CLUB MEMBER, INDICATE HIS OR HER NAME: _____

DATE:	
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A copy of the BY-LAWS was received: _____

SIGNATURE OF MEMBER DATE

IF PAYING BY CHECK, PLEASE MAKE PAYABLE TO: OLD HICKORY LAKE BOWMEN
MAIL TO: OHLBC 2617 N. Greenhill Rd. Mt. Juliet, TN 37122