

HAWKEYE BOWMEN INC.

13300 CLINTON STREET
ALDEN, N.Y. 14004

MEMBERSHIP APPLICATION

PLEASE PRINT

NAME _____ DATE ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

OCCUPATION _____ DATE OF BIRTH _____

SPECIAL TALENTS _____

SPOUSE'S NAME _____

RECOMMENDED BY 1. _____ PHONE _____

2. _____ PHONE _____

MEMBERSHIP TYPE

REGULAR ADULT 18 YEARS OF AGE AND OVER INCLUDES SPOUSE AND
CHILDREN UNDER 18 YEARS OF AGE. \$85.00

JUNIOR MEMBERSHIP (16 YEARS OF AGE TO 18 YEARS OF AGE.) \$40.00

INITIATION FEE \$100.00

OUT OF TOWN MEMBERSHIP

75 MILE MINIMUM (See By- Law # 19) \$120.00

ASSOCIATE MEMBERSHIP (See By-Law Sec. B #4) \$200.00

MEMBERSHIP AGREEMENT , I AGREE TO ABIDE BY THE BY LAWS AND CONSTITUTION OF HAWKEYE BOWMEN INC., TO FULFIL THE WORK HOUR REQUIREMENTS, ATTEND GENERAL MEETINGS AND ANY OTHER REQUIREMENTS AS DEEMED NECESSARY BY THE BOARD OF DIRECTORS.

I HAVE READ AND AGREE TO THE BY LAWS AND CONSTITUTION OF HAWKEYE BOWMEN INC.

SIGNATURE _____ DATE ____/____/____

APPROVED: INITIATION AND DUES PAID

TREASURER _____

SECRETARY _____

PRESIDENT _____

REVISED: January 2021 NF

