Black Knight

BOWBENDERS

Official use only:

Application Date: _____

Full Membership Date: _____

Approved: _____

Membership Application

Name: _____
First Middle Initial Last

Permanent/Mailing Address:

_____ Home Phone Number (____) _____-_____

_____ Mobile Phone Number (____) _____-_____

_____ Email Address: _____

Occupation_____

Type of Membership Desired: Active_____, Social_____, Family_____, Junior_____

If Family Membership please list other family members:

Name: _____ Age _____

Name: _____ Age _____

Please indicate how you learned about the BKB: _____

Other Archery or Sporting Clubs you have been or are now a member of: _____

_____

Have you had Archery instructions? _____ Have you taken a Hunters Safety Course? _____

Main Interest: Field / Target Archery___ Hunting ___ Both ___ Number of game taken with the Bow: _____

I certify that I will:

- Abide by the Constitution and By-Laws of the "Black Knight Bowbenders" and that I will take active part in promoting good sportsmanship in the sport of archery.
- Conduct myself in a safe manner, so as to cast no discredit to the "Black Knight Bowbenders" or the sport of Archery.
- Assist in the instruction of novice archers when called upon to do so, especially in areas of safety and sportsmanship.
- Respect landowner's rights by requesting and obtaining permission to hint on their property.

Sponsor: _____

Signature: _____

Initiation Fee of $ 100 Plus Tax Paid on: _____Land Assessment Fee of $ 100 Paid on: _____

Note: Annual Dues of $ 75 plus tax, are due after the 6 month probationary period. Please note that in accordance with the Constitution and by-laws of the BKB that Initiation Fees are Non-Refundable. Application Fee does not include NFAA or SFAA fees.

www.blackknightbowbenders.com