



Sonoma County Bowmen

Membership Application/Renewal

Name _____ Birthdate _____

Participating Family Members: *(children 18 & over must have their own membership)

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ NFAA member? _____

Monthly Newsletter: electronic via e-mail (free) _____ sent via USPS (\$20) _____

Sonoma County Bowmen Membership Requirements:

Annual dues are \$50 per calendar year. A \$50 initiation/maintenance fee for all new members, those members who do not renew their membership before the January 1st deadline, as well as members who did not complete their work party hours. SCB requires members to do a minimum of 3 hour work party each calendar year.

Mail this form, payment, & a self-addressed stamped envelope to:

Sonoma County Bowmen, c/o Jan Perry, 3594 Banyan Street, Santa Rosa, CA 95403

Office Use Only

Amount \$ _____ Cash/Check # _____ Date Received _____ Initials _____

Work Party Completed _____