

# BERGEN BOWMEN, INC.

## Membership Application

PLEASE PRINT

MEETINGS HELD AT: PARAMUS ELKS LODGE #2001, 200 Rt. 17N, NJ 07652

MEETINGS ARE HELD AT 7:30 P.M. ON THE 1<sup>ST</sup> MONDAY OF THE MONTH, EXCEPT FOR HOLIDAYS, THEN IT WILL BE THE FOLLOWING MONDAY.

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Bergen Bowmen Member who is sponsoring you (if any): \_\_\_\_\_  
Previous Archery Experience: \_\_\_\_\_  
Archery Equipment Owned: \_\_\_\_\_

Are you interested in:  Target Archery  Field Archery  Bow Hunting  Bow Fishing  
I have a current or previous bow hunting license in:  NJ  NY  PA  other states/Canada  
If you do not have a bow hunting license, but are interested in getting a bow hunting license in NJ, you need to must take a Bow Hunter Safety Course first . Would you be interested in taking the course? YES NO

### Please check off what committees you are able to help in:

Archery Shoots  Guest Speakers & Topics  
 Archery Exhibits  Good Welfare  
 Annual Venison Dinner  Computer/Website  
 Campgaw Mt. Range  Bergen Bowmen Bulletin

**Please Check off the membership you wish to apply for: Due are Non Prorate and are due Jan of each year.**  
(You must be present at the meeting in which you are applying for membership as per our organization by-laws. Consideration is given to jr. members) All initial applicants are probationary members as per our by-laws for a period of not less than one year.

\$25.00 Adult Membership (16 years and older)  
The Bergen Bowmen Bulletin/ Minutes are sent by email, unless you specifically request for it to be sent by postal mailed.

\$ 5.00 Spouse Membership, please give spouse's name: \_\_\_\_\_

\$ 5.00 Junior Membership, must be under a full adult membership:

Please only list each child's name and age if applying for membership

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signatur

Treasurer to fill out:

Membership Chair to fill out:

Total dues paid: \_\_\_\_\_  
Paid By: CASH CHECK # \_\_\_\_\_

Probationary Membership received: \_\_\_\_\_  
Member eligible for Regular Membership: \_\_\_\_\_  
Member eligible for Life Membership \_\_\_\_\_

Original to be held by either Membership Chair or Treasurer

A completed copy of this application should be either copied and mailed or scanned and emailed to Secretary for additional recordkeeping