



Saint Vrain Archery And Bowhunting Association

PO BOX 92
Longmont, CO 80502

Membership Application Form

Dear Perspective Saint Vrain Archery and Bowhunting Association (SVAB) Member:

Below are the Dues and Fees regulations for our association.

DUES AND FEES

- A. All new members are required to pay a one time Initiation Fee of \$40.
- B. Yearly dues will be based on the calendar year, no prorating of dues is allowed. Yearly dues will be as follows:
 - 1. Single (\$25)
 - 2. Couple (\$30)
 - 3. Family (\$35)
 These dues will payable to the treasurer by March 1st of each new year. If dues are not paid by this time, the membership will be suspended and a new initiation fee will be required to join SVBA.
- C. Members are expected to donate eight (8) working hours a year to range maintenance, SVBA functions or events. Members who do not donate this time will be classified as Non-Working Members. Non-Working Members will be accessed an extra **\$75** in dues the following year.
- D. The officers have the authority to make special rulings of dues payable for memberships if requested in writing by a member (i.e. personal hardship, donated memberships, etc.).
- E. Yearly Range Pass Cards will be issued annually and must be carried visibly at all times on the range. Replacement of Range Pass Cards will be charged at \$10 per card.

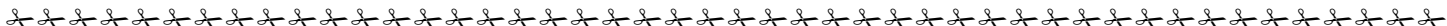
To join our club, please fill out to the following form AND the INSURANCE WAIVER, mail to:

**Saint Vrain Archery Club
PO Box 92
Longmont, CO 80502**

Once dues are received you will sent a membership pack with bylaws, range rules, a map, club brochure, sponsorship form (try to get one), and an application for a friend.

For information on the club, contact Stets Newcomb at: (Cell) 303-775-3589

Email: stets.newcomb@mesanetworks.net



MEMBERSHIP APPLICATION

Saint Vrain Archery And Bowhunting Association

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Family Members/Ages: _____

Initiation Fee:	\$	40.00
Single (\$25) Couple (\$30) Family (\$35)	\$	_____
Other Donation (Please)	\$	_____
Annual Non-Working Fee (add \$75)	\$	_____
Total Enclosed:	\$	_____

YOU MUST ALSO SIGN AND SEND IN A COPY OF THE INSURANCE WAIVER!

Number of range cards needed: _____

65 and older (Y/N)? _____