



**MEMBERSHIP APPLICATION**

Office Use Only:

Individual: \_\_\_\_\_ Family: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check    Visa    M/C    Amex

**Please Print all of the Required Information Below**

Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Special Medical Conditions or Allergies : \_\_\_\_\_

Emergency Contact (Name & Tel #) \_\_\_\_\_

Family Membership Only: Please list information on all Family Members below:

<u>Name</u>	<u>DOB</u>	<u>Age</u>	<u>Medical Conditions or Allergies</u>

**Membership Type:** One Year: \_\_\_\_\_ Six Months: \_\_\_\_\_ Individual: \_\_\_\_\_ Family: \_\_\_\_\_

**Full Payment:** \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

**Credit Card Billing:**

**Upon receipt of this application by Tepee Archery & Supply, I hereby agree to and accept the terms of my membership and understand my dues will be \$ \_\_\_\_\_ per month. Monthly dues will be automatically charged to the credit card below on the 15<sup>th</sup> of each month.**

\_\_\_\_\_  
(Member Signature) (Date)

Visa: \_\_\_\_\_ M/Card: \_\_\_\_\_ Amex: \_\_\_\_\_ Disc: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration : \_\_\_\_\_ CRV Code \_\_\_\_\_