

# Wichita Archery, Inc. Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## MEMBERSHIP FEES (12 month)

- Individual (18 years or older).....\$75.00  
 Family (Applicant, Spouse, and Minor Children).....\$85.00

### Family Applicants Only

Spouse Name \_\_\_\_\_

Spouse Email \_\_\_\_\_

Minor Children Name (under 18 only)

\_\_\_\_\_  
\_\_\_\_\_

As a member of WICHITA ARCHERY, INC., I hereby agree to abide by the Articles of Incorporation & Bylaws & the General Rules listed below. I also understand that failure to abide by these listed rules and/or the unsafe handling of equipment or destruction of property can result in membership removal and could lead to criminal charges.

Applicant Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

**General Rules: No Broadheads. No Hunting. No Sky-Drawing. Children must be supervised at all times. Speed Limit is 10 mph. Obey the posted signs.**

Please mail your application, waiver form (for each adult), and membership fee (check made payable to Wichita Archery, Inc.) to the address listed below. Once received, a membership card will be mailed back to you.

Christina Jones  
901 W Hazel Ave  
Wichita, KS 67217  
(316) 650-2476  
JonesCL426@gmail.com