



KISHWAUKEE ARCHERS INC.
P.O. BOX 495
SYCAMORE, IL. 60178

New MEMBERSHIP and RENEWAL Application (CIRCLE ONE) Please Print

First Name _____ Last Name _____

Occupation _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

KEY CARD(s) # (The first 6 digits on the back of your card, list all cards.) _____

In an effort to minimize club expenses annual renewal forms and newsletters will be sent to the e-mail address that you provided above. If you prefer to receive a paper copy of these forms please specifically request a paper copy to be sent to your mailing address

Please send my club renewal forms and other club communications to the mailing address listed above.

Indicate which type of MEMBERSHIP CLASSIFICATION you are applying for (below) and include the appropriate cash or check, payable to Kishwaukee Archers

- Family (working) \$120 (dues) + 4 work hours + \$100 (**one-time initiation fee***) = \$220
- Family (non-working) \$220 (dues) + \$100 (**one-time initiation fee***) = \$320
- Student (minor or full-time student up to age 23) \$30 (dues) +4 work hour age 18 and up. **Date of birth** _____
- Renewal** (working) \$120 + 4 hrs. **Renewal** (Non-working) 220. **Renewal** (student) \$30 + 4hrs age 18 and up. Honorary Lifetime

*** = for continuous un-interrupted membership**

I have read, understand and agree to follow the established Kishwaukee Archers Range rules. Copies can be found at the club house or on the Kishwaukee Archers web site.

NOTE: Annual membership runs from April 1 to March 31 each year. Applicants joining after December 31 will pay prorated dues plus full initiation amount.

I understand that all new members will be contacted and must attend an orientation program. All members must comply with the club rules. Failure to do so may result in loss of membership. I understand that the club provides no personal liability insurance to individual members on club property, and give my permission to provide any of the information contained on this application form to other club members.

Applicant Signature _____ Date _____

Parent/guardian Signature (if under 18) _____ Date _____

Sponsor's Signature _____ Date _____

Amount Received \$ _____ By _____ Date _____

(TURN OVER – APPLICANT **MUST** COMPLETE BACK OF FORM)

PLEASE NOTE THE FOLLOWING:

1. Each applicant must be sponsored by a current club member.
2. Application form and appropriate fees can only be given to current Officers of Kishwaukee Archers, Inc. or mailed to:
Kishwaukee Archers Inc.
PO box 495
Sycamore, IL 60178
3. It is each member's responsibility to follow the Constitution, By-Laws and Range Rules for Kishwaukee Archers, which are available over the Internet at kishwaukeearchers.org
4. Applicants selecting a working membership must complete their work hours prior to December 31 of each year. Failure to complete the required four (4) hours will result in a \$25 per hour fee for every hour short of the 4 hours commitment to bring your previous year membership status to current. Renewals will not be processed until previous years membership is brought to good standing.
5. Applicants selecting a working membership must number (below) their top five (5) choices (number 1 = top choice and so on) as to how they would like to participate. First come first choices honored. If left blank members will get assigned.

- | | |
|--|---|
| <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> Indoor Cleaning |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Kitchen/Concession |
| <input type="checkbox"/> Indoor Wall Turning | <input type="checkbox"/> Indoor 3D Shoots |
| <input type="checkbox"/> Outdoor 3D Shoots | <input type="checkbox"/> Run a league or shoot |
| <input type="checkbox"/> Firewood cut/stack/sale | <input type="checkbox"/> Misc. (other – Please specify) _____ |
| <input type="checkbox"/> Legal/Administrative | <input type="checkbox"/> New Member Orientation |
| <input type="checkbox"/> Work Hour Coordinators | <input type="checkbox"/> Website/Web Master |

Skills which may be useful to the club _____

(Please note all work hours to be counted towards the working membership must be approved in advance by the Club officers and Board members prior to the activity being completed.)

Indicate also if you would like an Officer/Board position in future _____.

Demographics Survey! Please indicate the number archers on your membership in the following categories:

Name of spouse and/or children included in the family membership _____

Types of Bows used: Recurve Traditional Cross bow Compound

Are you a member of the National Field Archery Assoc.? yes no Are you a member of other archery association/club(s)? yes no

Age group 5-12 _____ 13-17 _____ 18-up _____ Note exact age in age group if you like.

For more information, call Ron Hemmelgarn (President) at 847-770-1258 or Mark Jones (Vice-President) at 815-784-4400