

Kenai Peninsula Archers

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Annual Dues for Kenai Peninsula Archers: (Dues year is July 1st through June 30th of each year.)

Individual @ \$25.00 New _____ Renewal _____

Family @ \$50.00 New _____ Renewal _____

Complete for family memberships only:

Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

In consideration for my dues, for myself and/or my family, my executors, administrators and assignees, I release and discharge the Kenai Peninsula Archers, the Alaska State Archery Association, and the National Field Archery Association, all other sponsors and officials for all claims of damage, demands and actions whatsoever in any manner as a result of my participation in any tournament. I attest and verify that I have full knowledge of the risks involved in any tournament and I am physically fit and sufficiently trained to participate in any tournament.

I am interested in helping serving on: Range Committees _____ July 4th Shoot Committees _____ Work Committees _____

I desire additional information, please contact me at my telephone number _____

“ I agree to let the KPA take and publish pictures of me and my family for the purposes of use in social media and other marketing.”

Signature _____ Date _____

Parent Signature for all minors _____ Date _____

Mail to: Secretary/Treasurer KPA PO Box 1892 Kenai, AK 99611