



## Membership Application

Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

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

All dues paid after May 1<sup>st</sup> by a new member is to be considered the following year's dues.

Individual @ \$25.00      New \_\_\_\_\_      Renewal \_\_\_\_\_

Family @ \$50.00      New \_\_\_\_\_      Renewal \_\_\_\_\_  
(A family constitutes a married couple, and or parent(s) and children under the age of 18)

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, 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 further give KPA permission to use my and /or my family member(s) name and/or photo(s) on any and all social media and advertising.

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

I am interested in helping to serve on the following: Range Committee \_\_\_\_\_ Independence Day Shoot Committee \_\_\_\_\_  
Work Party \_\_\_\_\_ Wood Clearing \_\_\_\_\_ Instruction \_\_\_\_\_

I am a current Member of the NFAA

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature for all minors \_\_\_\_\_ Date \_\_\_\_\_