



Wyoming State Archery Association Membership Application

Name: _____ *Phone: [] _____ - _____
Print

Address: _____ City: _____ State: ____ Zip: _____

Email address: _____

*Emergency Contact: _____ *Phone: [] _____ - _____
* Required

Club Name: _____ Archery interests: Target Hunting Recreational

I have been a WSAA member in the past. Yes No

WSAA Dues

ADULT: Single adult, 18 + yrs old. Annual dues **\$15**.

FAMILY: Head of household 18 or older, including family members (spouse/partner and dependants under the age of 18). Annual dues, see below.

Family Members	Name (print)	DOB (MM/YY)
Head of Household and Spouse/Partner \$25		
Dependant 1 + \$2		
Dependant 2 + \$2		
Dependant 3 + \$2		
Dependant 4 + \$2		

YOUNG ADULT/YOUTH: Any person who has not reached their 18 birthday. Applicants are required to have their parents or legal guardian's written consent for eligibility to join. Annual dues **\$10**.

Membership year runs from the month you enroll.

I have read and agreed to abide by the Constitution of Wyoming Archery Association by signing this application. Violations of the Constitution of Wyoming Archery Association by a member or family member will result in disciplinary action or immediate termination of the membership.

Applicants Signature: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Scan and email to to: womingstatearcheryassociation@gmail.com
Once received you will be contacted on how to submit payment.