

INDIVIDUAL MEMBERSHIP APPLICATION

FOR JUNIOR OLYMPIC ARCHERY DEVELOPMENT PROGRAM

EMAIL ADDRESS _____

DATE _____ PHONE # _____

NAME _____

FIRST MIDDLE LAST

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ DATE OF BIRTH _____ SEX _____

JR. CLUB AFFILIATION _____

SECRETARY'S NAME _____

PARENTS CONSENT AND RELEASE FOR

JR. OLYMPIC ARCHERY DEVELOPMENT PROGRAM PARTICIPATION

I, _____ in consideration

{Parent or Legal Guardian}

Of the National Archery Association, Incorporated of the United States

Permitting _____ to participate in

{Name of Applicant}

ITS Junior Olympic Archery Development Program does hereby consent to
Such participation and in the event of injury or accident does hereby release,
Discharge and absolve the National archery Association, Incorporated and
Its Junior Olympic Chartered Clubs from any and all liability or responsibility
Therefore.

Signed at _____

{City or Town}

This day _____ of month _____ year _____

Signature _____

{Parent or Legal Guardian}

FOUNDED IN 1879
NATIONAL ARCHERY ASSOCIATION

OF THE UNITED STATES
1750 EAST BOULDER STREET COLORADO SPRINGS, CO 80909

RANK _____ DATE ACHIEVED _____

YEOMAN _____

JR. BOWMAN _____

BOWMAN _____

JR. ARCHER _____

ARCHER _____

MASTER ARCHER _____

EXPERT ARCHER _____

OLYMPIAN _____

NAA MEMBER _____

PSAA MEMBER _____

Witness:

Each individual member must complete a Membership Application to participate.

Additional applications on request.

This application may be duplicated.

PLEASE FILL IN YOUR EXPIRATION DATE FOR PSAA & NAA !!!!!!!!!