

Rocky Mountain Archery Assoc Application

PRO SHOP/CLUB NAME _____

PERSON OF CONTACT _____

ADDRESS _____

PHONE NUMBER(W) _____ (C) _____

EMAIL ADDRESS _____

WEB ADDRESS _____

RMAA FEES:

AFFILIATE MEMBERSHIP \$50 _____

TOTAL AMOUNT TO BE INCLUDED WITH APPLICATION \$ _____

Your Pro-Shop/Club must be in good standing in your State, and have a Tax ID #. If accepted as a member of the Rocky Mountain Archery Assoc I understand that I/we will abide and be bound by the Bylaws of the RMAA.

I would like my Bi-Annual Newsletter sent via e-mail: _____ or US mail _____.

Signature: Applicant: _____

Tammy Madewell Secretary/Treasurer

780 Highway 66

Longmont, CO 80504