

Rocky Mountain Archery Assoc Application

NAME _____

ADDRESS _____

PHONE NUMBER(H) _____ (C) _____

EMAIL ADDRESS _____

MALE FEMALE CLASS _____

MEMBERSHIP:
NAME _____

Head of
House _____

Spouse _____

Child _____ Child _____

Child _____ Child _____

RMAA FEES:

HOH or Individual \$15 _____ Spouse \$10 _____ Child \$5 _____ Family Max \$40 _____

TOTAL AMOUNT TO BE INCLUDED WITH APPLICATION \$ _____

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 _____. I would like to be considered for the Grievance Committee _____

Signature: Applicant: _____

Spouse: _____

Tammy Madewell Secretary/Treasurer

780 Highway 66

Longmont, CO 80504