

# Rocky Mountain Archery Association Membership

Head of Household Name: \_\_\_\_\_

Class: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Class: \_\_\_\_\_

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

Class: \_\_\_\_\_

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

Class: \_\_\_\_\_

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

Class: \_\_\_\_\_

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

Class: \_\_\_\_\_

Fees:

- Individual \$25
- Spouse \$10
- Child \$5
- Family Max \$50

Total \$ \_\_\_\_\_

If accepted as a member of the RMAA I understand that I/we will abide and be bound by the Bylaws of the RMAA.

Head of Household Signature: \_\_\_\_\_

Date: \_\_\_\_\_