

Rocky Mountain Archery Association Affiliate Application

Pro Shop/Club Name: _____

Person of Contact: _____

Address: _____

Phone Number: _____

Email: _____

Website: _____

Affiliate Membership Fee \$100: _____

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

Person of Contact Signature: _____

Date: _____

RMAA Membership:

Head of Household Name: _____

Class: _____

Phone Number: _____

Email: _____

Head of Household Name: _____

Class: _____

Phone Number: _____

Email: _____