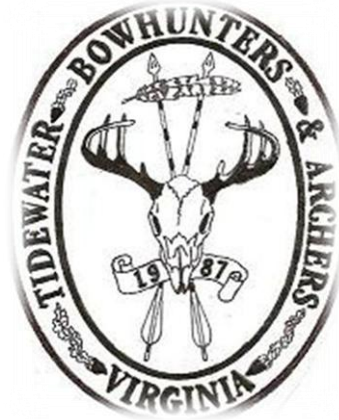


TIDEWATER BOWHUNTERS AND ARCHERS INC.



APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____

PHONE: (____) _____

TYPE OF MEMBERSHIP REQUESTED: SINGLE _____ FAMILY _____

IF FAMILY MEMBERSHIP, LIST NAMES AND AGES OF FAMILY MEMBERS UNDER AGE 18:

LIST MEMBERSHIPS IN OTHER HUNTING OR ARCHERY RELATED CLUBS:

HAVE YOU COMPLETED THE NATIONAL HUNTER COURSE?

IF YES, WHERE: _____ WHEN: _____

ARE YOU A CURRENT MEMBER OF THE IBO? _____

IF YES, EXPIRATION DATE: _____

IF I AM ACCEPTED AS A MEMBER OF TIDEWATER BOWHUNTERS AND ARCHERS INC. I AGREE TO:

1. ABIDE BY ALL TBA BYLAWS.
2. UNLESS PREVIOUSLY COMPLETED, COMPLETE THE NATIONAL HUNTER EDUCATION COURSE WITHIN MY FIRST YEAR OF MEMBERSHIP IN TBA.
3. ABIDE BY ALL STATE GAME LAWS AND REGULATIONS, AND I UNDERSTAND THAT IF I AM CONVICTED OF A GAME LAW VIOLATION, MY MEMBERSHIP IN TBA WILL BE TERMINATED, WITHOUT REFUND OF PREPAID DUES.
4. I UNDERSTAND THAT MEMBERSHIPS EXPIRE DECEMBER 31ST, REGARDLESS OF MEMBERSHIP ACCEPTANCE DATE, AND THAT RENEWAL FEES ARE DUE ON OR BEFORE THE SECOND REGULAR CLUB MEETING OF THE NEW YEAR.

SIGNATURE _____



THIS SECTION TO BE COMPLETED BY TBA OFFICERS



INDICATE DATE ACTION COMPLETED:

NEW MEMBER VOTED IN: _____

MEMBERSHIP DUES COLLECTED: _____

MEMBER PRESENTED WITH PATCH/HAT: _____

MEMBER PRESENTED WITH TBA DECAL: _____

SIGNATURE BY VERIFYING CLUB OFFICER AND TITLE: _____

MEMBERSHIP RENEWAL DATE:
