

CAPITOL CITY BOWMEN MEMBERSHIP APPLICATION

Name (please print): _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Home Phone: _____ Cell Phone: _____

Best Time to call: _____

Please check which way you like to receive club flyers, events etc.

- Regular postage
- E-mail (save club on postage and printing)

Additional Family Members who will be using the Archery Range(s)

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

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Are you currently a member of the Capitol City Rifle & Pistol Club? _____

Are you currently a member of any of the following organizations?

WSAA: _____ NFAA: _____ NAA: _____ WSB: _____ NRA: _____

Are you currently a Certified Archery Instructor by any of the following organizations?

NASP Instructor: _____ NFAA Instructor: _____ NAA Instructor: _____ Bowhunter Ed: _____

Signed: _____ Date: _____

Fees:

\$10.00 for CCB Family Membership (at least one family member must be a member of CCRPC).

Please, do NOT send CCB dues to the Rifle Club.

\$20.00 if you are NOT a member of Capitol City Rifle and Pistol Club (access to archery ranges is limited to events open to the public)

Please make checks payable to Capitol City Bowmen and send to:

Capitol City Bowmen

PO Box 1693

Olympia, WA. 98507-1693

Revised 06/2024