Daytona Archers

Membership Application



Membership #

• I agree to abide by the by-laws of the club and will follow the rules of all sanctioning bodies.

• I agree to abide by the safety rules of the range and will follow the rules of all sanctioning bodies.

. I agree to abide by the following rules while on the property:

No alcohol

No hunting

No profanity

No broadheads

Target/field points only

To follow any rules posted at the club and in the by-laws

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PLEASE PRIN	E CALLAND	
Name		
Address (Local)		
City	State	Zip
Phone (E-mail		
Please list the family members to be included. Include age if under 18.		
		•
Are you a member of ASA? Are you a member of NFAA? Yes No No	If Yes; ASA # If Yes; NFAA #	
ASSUMPTION OF RISK (including Release and Waiver of Liability)		
I, the undersigned, do hereby release, hold harmle Daytona Beach Archers, the membership, other particle any losses, damages or personal injuries incurred we archery ranges, whether participating, competing, office purpose. I fully understand, acknowledge and agree the serious injury and/or death. This agreement is as broad	cipants, or the City on thile on the surrounciating, instructing of at archery events ar	f Port Orange from liability for nding restricted properties of observing, working for, or any oth e dangerous and involve risk of
General Membership: \$100.00 based on calend	lar (Jan through [Dec)
Proration rates available - includes dues for remaining Sept: \$136 Nov: \$118 Oct: \$127 Dec: \$109	months plus next	year - for following months:
Payment Type Check C	ash YABLE TO : <i>DAYTON</i>	A ARCHERS
Signature of Applicant		Date
Signature of Parent or Guardian (if applicant is under age 18 - parent/guardian must be on site w	ith minor while on proc	Date