



BUCKSKIN BOWMEN

Membership

Post Office Box 403, Grafton, WI 53024

Applicant Name	Age	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Email: _____

Best time to call: _____ Useful Hobbies: _____

Are you currently a member of Wisconsin Bowhunters:

____ No ____ Yes If yes, WBH number: _____

Dues Information:

	Family Membership (working)	Youth Membership
Annual Dues	\$30	\$0
Initiation Fee	\$20	\$20
Wisconsin Bowhunters Assoc. Membership	\$25	\$25
Total	\$75	\$45

Certification of Understanding for Working Memberships

I fully understand that I am required to provide a minimum of 12 hours work each year to the Club. These hours are prorated at 1 per month. The work year runs from January 1st through December 31st. If the work hour requirements are not fulfilled during any given year, I will be charged a rate of \$5 per hour not worked or I will be dropped from the Club's membership roster.

Applicant's Signature: _____ Date: _____

Sponsor's Certificate:

This is to certify that I have personally discussed the responsibilities of membership in the Club with this applicant. I have emphasized the absolute necessity of fulfilling the work requirement.

Sponsor's Signature: _____ Date: _____

President's Approval: _____ Date: _____