



WICHITA ARCHERY, INC

MEMBERSHIP APPLICATION

Please mail your application , waiver form, and membership fee (check made payable to Wichita Archery, Inc.) to the address to the right. Once received, a membership card will be mailed back to you.

WAI

Attn: Christina Jones

901 W Hazel AVE

Wichita, Ks 67217

316-650-2476

New or Renewal

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

MEMBERSHIP FEES (12 month)

Individual (18 years or older).....\$55.00

Family (Applicant, Spouse, and Minor Children).....\$65.00

Family Applicants Only

Spouse Name _____

Spouse Email _____

Minor Children Name & DOB _____

As a member of WICHITA ARCHERY, INC., I hereby agree to abide by the Articles of incorporation & Bylaws and uphold the Archery Code of Safety, Etiquette and Sportsmanship.

Applicant Signature _____