

HEMLOCK FIELD ARCHERS, INC.

99 Springhill Lane, Lebanon, PA 17042 • (717) 274-0802
www.hemlockarchery.com • email: info@hemlockarchery.com



Membership Application

Name: _____ DOB: _____

Street Address: _____

City, State, Zip: _____

Phone: Home: _____ Cell: _____

E-mail: _____

Club Key Number(s): _____ (to be completed by Hemlock Officer).

Membership Type: (Select One) _____ \$75 Single _____ \$100 Family

Youth Membership (Age 17 and Under) _____ \$25

Club Key Fee (One Time Charge) _____ \$10

Occupation: _____ Employed by: _____

Children up to age 18 years _____

If you currently hold Certified Archery Teaching Credentials, PLEASE list each Credential: _____

Are you a current member of IBO? _____ if yes please fill in member number _____

Please check your availability to assist with the following:

- | | | |
|--|-------------------------|-----------------------------|
| Grass mowing | Setting up/tearing down | 3D outdoor Targets |
| Indoor 3D Target setting up/tearing down | | Kitchen Assistance |
| Bingo Floor Workers | Club Work Days | Manheim Farm Show (October) |

Members shall work at least 15 hours per calendar year and support Hemlock Fundraisers throughout the year.

I understand that Hemlock Archery is a family oriented organization. I will actively support the Club's activities and fundraising functions. I acknowledge that I have read and understand the club rules and agree to be bound by them while on club property.

Applicant Signature

Date

FOR NEW MEMBERS ONLY **PLEASE COMPLETE THE FOLLOWING**

Signature of two adult members as sponsors

Member

Member

To be completed by Hemlock officer
Amount Received _____
{ } Check { } Cash
Received Key _____
Received Membership Card _____

Applications will be processed within two months.
A Background Check will be Performed.