



Membership Application

Papago FITA Archers

Member of the National Archery Association

Club Use Only

Amount Recieved _____

Payment Type _____

You Must Complete Both Pages of This Application - Please Print Legibly

APPLICATION DATE _____

NAME _____ (parent or guardian must sign both forms) Year of Birth _____

I hereby apply for membership in the Papago FITA Archers, Fully conscious of the privileges and responsibilities of such membership. I agree to: abide by the Papago FITA Archers By-laws; practice archery range safety; carry on the high traditions of sportsmanship and skill and help maintain, as well as enjoy the Papago Park Archery Range.

Parent or Guardian Signature _____ Signature _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

Home Phone:(____)____-____ CELL:(____)____-____

E-MAIL ADDRESS _____ OCCUPATION(optional) _____

Emergency Contact Person _____ Relationship _____ Phone Number _____

TYPE OF MEMBERSHIP: All Papago FITA Archers Memberships are working memberships. Club Members are expected to volunteer 12 hours per year. Volunteer opportunities are available during tournaments, coaching, judging and practice set-up and take-down. Memberships are for a calendar year, with renewal in January. After June 30th thru November, the fees are prorated as noted below, but must be renewed in January.

Check one of the following:

___ Individual; Membership for ages 19 years and up. \$15.00 per year. After June 30th until November the prorated fee is \$10.00.

___ JOAD; Membership for age 8 years to 18 years. \$10.00 per year. After June 30th until November the prorated fee is \$7.00.

___ Family; Membership for Famillies with 3 or more archers. \$40.00 per year. After June 30th until November the prorated fee is \$30.00.

Applications submitted in December will pay full fee and be for the next year
All Memberships Must Be Renewed In January

Would You Like Club Updates (email only)? ___yes ___no

Member of NAA ___ Membership Number _____ Expiration Dates _____

Member of NFAA ___ Membership Number _____ Expiration Date _____

Certified Instructor ___ Level _____ Judge _____

MAKE CHECKS PAYABLE TO:
SEND CHECKS AND COMPLETED FORM TO:

PAPAGO FITA ARCHERS
903 E FOLLEY STREET
CHANDLER, AZ., 85225

Club Contact
archeryinfo@papagoarchery.com

Web Page
www.papagoarchery.com

Or Bring Completed Form and Check to a PFA Practice

Year of Birth

Date

Archers Name