

Last Name	Middle Initial		First Nam	e						
Address			Phone							
					/	/				
City	State		Zip Code		Date of E	Birth				
		□ New	☐ Renewa	al Member	ID					
Email				ui Womboi	<u> </u>					
Additional Family Member			DOB		Member ID					
Additional Family Member			DOB		Member ID					
Additional Family Member			DOB		Member ID					
Additional Family Member			DOB		Member ID					
Additional Family Wember			БОВ		Weilibei ib					
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Membership Type Adult/HOH	1st Add. 2nd Add.	3rd Add.	4th Add.	Youth	Professional	Total				
Amount Due*										
*See Attached Chart for Current State/Nation	al Dues.									
Account Holder Name Credit Card #										
Exp. Date Securit	y Code	Ch	neck#	Money Order	# (	Cash				
Professional Membership										
NFAA Professional Membership runs the NFAA and their affiliated state as	s from January through Decei sociation. Applicant must be	mber of each yea	ar. Pro members or older or submi	must maintain cu t a parental conse	rrent regular m ent form. Fee is	embership with \$75 per year.				
□ New* □	Male $\square$	Adult		☐ Freestyle						
☐ Renewal ☐	Female	Senior (50	)+) [	☐ Freestyle Limited						
*Professional Sponsor										



STATE	Adult	1st Add.	2nd Add.	3rd Add.	4th Add.	Youth Only
ОН	70.00	20.00	10.00	10.00	10.00	45.00

Please make all checks payable Ohio Archers Association and mail to:

OHIO ARCHERS Lori Burnett 6398 Chiltern Road NW Canal Fulton OH 44614