



saugeen shafts

Membership Application

Name: _____ Male: Female:

Address: _____ Postal Code: _____

City/Town: _____ Phone: (____) _____

Email: _____

If this is a family membership, please list the members of your family (under the age of 16 years)

Name	Sex M/F	Birthdate (if under 16)
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FEES:	Winter Membership (October 1 st to April 1 st)	Full Year Membership (October 1 st to September 30 th)	Combined Membership (includes PF&G Archery Associate)
Family	<input type="checkbox"/> \$320.00	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$450.00
Senior	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$360.00
Junior	<input type="checkbox"/> \$185.00	<input type="checkbox"/> \$245.00	<input type="checkbox"/> \$290.00

I _____ Agree to abide by the rules and limitations of this membership in its entirety during its duration. This membership can be revoked at anytime as a result of a breach of the rules or limitations, effective immediately upon written notice, with NO REFUND.

Applicant

for Saugeen Shafts

For Office Use Only

Fee Received by: _____ Cash _____ Credit Card _____ Debit _____ Date: _____