

ROCHE-A-CRI BOWMAN, INC.

MEMBERSHIP APPLICATION

Fill out form completely, then return or mail to:

ROCHE-A-CRI BOWMAN, INC.
PO Box 512, 2021 14TH DRIVE
FRIENDSHIP, WI 53934

Be sure to include the correct membership fee:

\$30.00–Family
\$25.00–Single
\$5.00–Student (grade 12 and under)

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____
FAMILY: _____ SINGLE: _____ STUDENT: _____

E-MAIL ADDRESS: _____

WERE YOU A MEMBER LAST YEAR?

PROVIDE INFORMATION FOR FAMILY MEMBERSHIPS

WIFE/HUSBAND:

ALL CHILDREN:

IF YOU MAIL THIS FORM, YOUR CARD AND BUTTON WILL BE RETURNED BY MAIL, IF YOU ARE SHOOTING IN LEAGUE, YOUR CARDS AND BUTTONS CAN BE PICKED UP AT THE CLUB ON LEAGUE NIGHTS. THANK YOU FOR YOUR MEMBERSHIP IN THIS CLUB! PLEASE INDICATE IF YOU WISH TO RECEIVE CLUB NEWSLETTERS BY MAIL, IF YOU DO NOT MAKE A SELECTION, NO NEWSLETTER WILL BE MAILED.

_____ I WANT TO RECEIVE CLUB NEWSLETTERS BY MAIL

_____ I DO NOT WANT CLUB NEWSLETTERS MAILED TO ME, AND WILL GET THIS INFORMATION ON THE CLUB WEBSITE: www.racbowman.com

Roche-A-Cri Bowman, Inc.
July 29, 1971

Form Revised 2007