



Membership Application Form

Year
2008

(Memberships expire Dec 31 of each year)

(Check One)	New Membership <input type="checkbox"/>	Renewal <input type="checkbox"/>	
Last Name:		First Name:	
Address:			
City/Town:		Province /State:	
Home Phone:		Postal /Zip Code:	
Email Address:			
<p>“A.T.B.A. Members must be members of the A.B.A.” <i>A.B.A. membership includes F.C.A. Membership for insurance coverage</i></p>			
<p>Non A.B.A. Members Fees</p>		<p>A.B.A. Members Fees</p>	
		<p>“A.B.A. Membership number needed for this rate” A.B.A Membership Number _____</p>	
Single	\$60.00	Single	\$34.00
Family**	\$100.00	Family**	\$40.00
Youth*	\$30.00	Youth*	\$9.00
<p>*(Under 18 years of age as of the 1st January.) **(Minimum 3 family members must join to qualify for Family rate)</p>		<p>*(Under 18 years of age as of the 1st January.) **(Minimum 3 family members must join to qualify for Family rate)</p>	
Sex (Circle One): Male / Female		Date of Birth: <u>DD</u> / <u>MM</u> / <u>YY</u>	
<p>Additional Family Members:</p>			
(Circle One)			
Name: Male / Female _____		Birth date: <u>DD</u> / <u>MM</u> / <u>YY</u>	
Name: Male / Female _____		Birth date: <u>DD</u> / <u>MM</u> / <u>YY</u>	
Name: Male / Female _____		Birth date: <u>DD</u> / <u>MM</u> / <u>YY</u>	
Name: Male / Female _____		Birth date: <u>DD</u> / <u>MM</u> / <u>YY</u>	
<input type="checkbox"/> Check here if you <u>do not</u> want your name on a member distribution list. Date: <u>DD</u> / <u>MM</u> / <u>YY</u> Signature: _____ Total fees remitted \$ _____		Please make cheque payable to: Alberta Traditional Bowhunters Association Box 132, Site 1, RR 2 Tofield, AB T0B 4J0	

www.albertatraditionalbowhunters.com

MEMBERS APPLYING BEFORE MARCH 1ST WILL BE ELIGIBLE FOR AN EARLY BIRD DRAW EACH YEAR.