

LAKE CHARLES ARCHERY CLUB MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

NEW MEMBER _____ RENEWAL _____

LAKE CHARLES



Name _____

Address _____

City _____ State _____ Zip _____

Email Address: _____

Phone (home) _____ (Cell) _____

Additional Family Members:

(All members listed must each complete an ASA Release From Liability form)

Spouse: _____

Child: _____

Child: _____

Child: _____

Dues are **\$50.00** and will last until the end of the year.

This covers the entire family. Please include their names on the lines above.

If additional space is needed, please use the lines provided below.

Payment: Cash _____ Check _____ Check Number _____

Online: <http://www.lakecharlesarcheryclub.com/membership.php>

Date Paid: _____ Expiration: 12-31-2026

If you are an ASA Member, please put your number here. ASA member # _____

ASA membership currently paid? Yes _____ No _____

Make checks payable to: **LAKE CHARLES ARCHERY CLUB**

Please provide any suggestions, comments or ideas to make the
LAKE CHARLES ARCHERY CLUB the best club around!!!!

*** If joined online please email this form and the liability release to
info@lakecharlesarcheryclub.com ***

**Note: Please follow us on Facebook, this our main line of communication.

If you have any questions, please contact us on Facebook.

www.lakecharlesarcheryclub.com and find us on Facebook!