

# Ridge Archers Membership Application

Dues: \$25.00 Single      \$35.00 Family

New Member \_\_\_ Renewal \_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Family Shooters (Spouse and dependants under 18 years of age)

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

I, the undersigned, agree to follow all established range rules provided by Ridge Archers and Tenoroc Shooting Center.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please send your application and check to:

Ridge Archers, Inc., 4212 Meadowview Drive, Lakeland, FL 33810