



**Saint Vrain Archery And Bowhunting Association**

c/o Stets Newcomb, President

PO BOX 92

Longmont, CO 80502

**Membership Application Form**

Dear Perspective Saint Vrain Archery and Bowhunting Association (SVAB) Member:

Below are the Dues and Fees regulations for our association.

**DUES AND FEES**

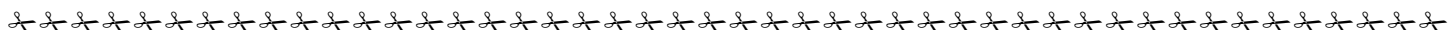
- A. All new members are required to pay a one time Initiation Fee of \$40.
- B. Yearly dues will be based on the calendar year, no prorating of dues is allowed. Yearly dues will be as follows:
  - 1. Single (\$25)
  - 2. Couple (\$30)
  - 3. Family (\$35)
 These dues will payable to the treasurer by March 1st of each new year. If dues are not paid by this time, the membership will be suspended and a new initiation fee will be required to join SVBA.
- C. Members are expected to donate eight (8) working hours a year to range maintenance, SVBA functions or events. Members who do not donate this time will be classified as Non-Working Members. Non-Working Members will be accessed an extra **\$50** in dues the following year.
- D. The officers have the authority to make special rulings of dues payable for memberships if requested in writing by a member (i.e. personal hardship, donated memberships, etc.).
- E. Yearly Range Pass Cards will be issued annually and must be carried visibly at all times on the range. Replacement of Range Pass Cards will be charged at \$10 per card.

To join our club, please fill out to the following form AND the INSURANCE WAIVER, mail to:

**Saint Vrain Archery Club  
C/O Rob Archer  
PO Box 92  
Longmont, CO 80502**

Once dues are received you will sent a membership pack with bylaws, range rules, a map, club brochure, sponsorship form (try to get one), and an application for a friend.

For information on the club, contact Roger Trudell at: (W) 303-651-6700 (H) 303-443-4093  
Email: doctortrudell@aol.com



**MEMBERSHIP APPLICATION**

**Saint Vrain Archery And Bowhunting Association**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Members/Ages: \_\_\_\_\_

Initiation Fee:	\$	40.00
Single (\$25) Couple (\$30) Family (\$35)	\$	_____
Other Donation (Please)	\$	_____
2005 Non-Working Fee (add \$30)	\$	_____
<b>Total Enclosed:</b>	<b>\$</b>	_____

**YOU MUST ALSO SIGN AND SEND IN A COPY OF THE INSURANCE WAIVER!**