



Traditional Bowhunters of Washington

Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

eMail: _____

New:	<input type="checkbox"/>
Renewal:	<input type="checkbox"/>
Address change:	<input type="checkbox"/>

Check one:	<input type="checkbox"/> \$200 Life Membership	<input type="checkbox"/> \$15 Annual Family Membership (Aug thru Jul)
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I firmly agree with the bylaws of TBW and hereby apply for membership.

(signature)

<i>Mail completed application with check, to:</i>
TBW PO Box 75 Joyce, WA 98343

Learn more about TBW at: <http://www.tbwonline.org>