

Abilene Bowhunters Association Membership Application - 2024

Date: _____

Family or Single Membership:

Join date:

___ Jan – July: \$100

___ Aug - Dec: \$50

___ Live over 50 miles from range - Half price

All memberships expire December 31.

Up to 6 family members names - Spouse + kids under 19

Name: _____

Spouse: _____

Kids:

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail: _____

Please check all committees you might be interested in helping with and
someone will contact you with further information.

Range Set-up/maintenance ___ Concession Stand ___

Trash Collection ___ Grounds Maintenance ___

Complete and mail to:

Abilene Bowhunters Association
P.O. Box 6492 Abilene, Tx. 79608

To be filled out by Abilene Bowhunters

Paid – Ck# _____ Cash Amt _____ Date: _____

Issued I.D.# _____ Issued By _____

Individual ___ Family ___ Out of Town ___