

**Learn Archery /Atlanta Archery JOAD -SOAD Program Membership Request**

<b>Date</b> _____
<b>Paid check#</b> _____ <b>Cash( )</b>

**Youth, year of birth** \_\_\_\_\_ **Division Age** J C K B S \_\_\_\_\_  
**Member#** \_\_\_\_\_

Name: youth		
Parent Name:		
Phone:		
Address:		
City:	State:	Zip:
E-Mail:		

Archery Experience: (Circle One)  
New Beginner Intermediate Veteran Expert Coach

LA JOAD/SOAD MEMBERSHIP DUES: (Circle Membership Type, 3<sup>rd</sup> participant + = family)  
( ) Individual youth or adult: \$15  
( ) Family \$40 (immediate family members, living in house only )

List name and birth date of applicant.  
( For Family Memberships, list all names and birth date of youths included)  
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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MEMBERSHIP YEAR: Jan 1 of This Year to Dec 31 of This Year.  
Membership Applications/Fees payable to:  
Learn Archery /Atlanta Archery  
420 Campbell Hill St  
Marietta GA 30060

**Print out this page and mail back to LA, at the above address, or bring to class, with your payment in cash or check. Waiver and release for each applicant must accompany each annual request, and remain on file.**