

Abilene Bowhunters Association Membership
Application

Date: _____

Individual or Family Membership: \$75.00

Name: _____

Family members names:

Military: \$50.00

Name: _____

Family members names:

Half-Year (After June 1st) or Out of Town (Over 50 miles): \$35.00

Name: _____

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 ___ Registration ___ Concession ___

Safety Committee ___ Trash Collection ___ Grounds Maintenance ___

Awards ___ Newsletter ___ Special Events ___

Complete and mail to:

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

To be filled out by A.B.A.

Paid – Ck# _____ Cash Amt _____ Date: _____

Issued I.D.# _____ Issued By _____

Individual ___ Family ___ Military ___ Half-year ___ Out of Town ___