

Bloomfield Archers

2023 Membership Application

Name			
Address	City		StateZIP
Tel #	Email:		
Referred By			
Type of Membership:			
	_ Family \$150.00 65 & Over	\$75.00	
	ers for Bloomfield Archers:		
Individual \$50.00	Family \$75.00		
Family Members:			
•	Relationship	DOB	USA#/NFAA#
	Relationship		
	Relationship		
the age of I8 years old mu	ist be kept current while a Blocust join with parent(s) as Family, legal guardian, or a consentin	Membership. The	ey must be
	and agreed that DI COMFIELD	ADCLIEDS +bair ra	sanastiva administrators
· ·	and agreed that BLOOMFIELD		
-	rs, and including club members		-
	sonal injuries, including death,		
·	ELD ARCHERS, occurring to occ		
damaged.	rill not be responsible for any e	quipment iert ben	ind, lost, stolen or
It is further understood a	nd agreed that the applicant, in	n consideration of	the privileges extended,
upon signing this applicat	ion will be in compliance with	all BLOOMFIELD A	RCHERS and Essex
County Parks rules and re	egulations at all times when usi	ng the facilities.	
Signature		Dat	0
•	please make check payable to: WOPENA Archers or Online at www.wopena.net/bloomfield		
	ible at www.bloomfieldarchers		
	lease use www.wopena.net/mo		<u>pena.net/biodiffilelu</u>
working members, p	iease use <u>www.wopena.net/m</u>	<u>embersnip</u>	

** \$5 flat shipping/handling cost applies for online payment

When you come to the field for the first time, have your application filled out, a printed payment receipt, and a copy of your USA Archery/ NFAA membership.