



# BLOOMFIELD ARCHERS

## 2023 MEMBERSHIP APPLICATION

### PERSONAL INFORMATION

[ ]		
NAME		
[ ]		
ADDRESS		
[ ]	[ ]	[ ]
CITY	STATE	ZIP
[ ]	[ ]	
PHONE #	EMAIL	[ ]
[ ]	[ ]	[ ]
REFERRED BY	DOB	USA # / NFAA #

### TYPE OF MEMBERSHIP

<input type="checkbox"/>	INDIVIDUAL	\$100
<input type="checkbox"/>	FAMILY	\$150
<input type="checkbox"/>	65 & Over	\$70
<b>Current WOPENA Archers ONLY</b>		
<input type="checkbox"/>	INDIVIDUAL	\$80
<input type="checkbox"/>	FAMILY	\$130

### FAMILY MEMBERS

[ ]		
NAME		
[ ]	[ ]	[ ]
RELATIONSHIP	DOB	USA # / NFAA #

[ ]		
NAME		
[ ]	[ ]	[ ]
RELATIONSHIP	DOB	USA # / NFAA #

[ ]		
NAME		
[ ]	[ ]	[ ]
RELATIONSHIP	DOB	USA # / NFAA #

### PAYMENT

Please make check payable to:

**WOPENA Archers**

or

Online Payments at

**[www.wopena.net/bloomfield](http://www.wopena.net/bloomfield)**

*(Note: \$5 flat shipping/handling cost applies for online payment)*

**WOPENA Archers members, please use [www.wopena.net/membership](http://www.wopena.net/membership)**

**\*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.**

All archers must be members of the USA Archery or the NFAA, before membership is accepted and that membership must be kept current while a Bloomfield Archer member. Archers under the age of 18 years old must join with parent(s) as Family Membership. They must be accompanied by a parent, legal guardian, or a consenting adult club member when practicing on range.

### WAIVER/RELEASE

It is distinctly understood and agreed that BLOOMFIELD ARCHERS, their respective administrators, agents, officers, volunteers, and including club members, cannot be held liable for damages to personal property or personal injuries, including death, occurring on any premises leased, rented or occupied by BLOOMFIELD ARCHERS, occurring to or occasioned by any of its members. BLOOMFIELD ARCHERS will not be responsible for any equipment left behind, lost, stolen or damaged. It is further understood and agreed that the applicant, in consideration of the privileges extended, upon signing this application will be in compliance with all BLOOMFIELD ARCHERS and Essex County Parks rules and regulations at all times when using the facilities.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_