

Membership Application Please print clearly or type the following: *Required Information

□ New Membership □ Renewal

Temporary

*First Name M.I *Last Name (If a family membership, this should be the preferred primary adult member)

*Primary Address (Suite/Apartment #)

* City		*State	* 7	Zip
() *Phone Number	* Email			
*Birth date/	_/ □	Male *	☐ Female *	
*U.S. Citizen? 🗌 Yes	s 🗌 No 🛛 If NO, Co	ountry of Citiz	zenship	
* Have you ever served	l in the U.S. Armed	Forces ?	Yes 🗆 N	0
Race and Ethnicity (cl	noose all that apply):		
□ White □ African	American 🗆 Asi	ian/ Pacific Is	land 🗆 Hispar	nic/ Latino
□ American Indian/	Alaska Native 🗌	Other		
Disability: 🗆 None 🗆				
☐ Physical Disabili	ty (amputation, cere	bral palsy, spi	nal injury, mobil	lity impaired)
Name of USA Archery		e):		
Primary Discipline:	Recurve C	ompound	Barebow	Other
How Did You Get Inv in Archery?	olved			
Voting Category (only	one): Athlete	Coach	Judge	At Large

(Not applicable for Youth, Recreational, and Temporary Members)

MEMBERSHIP TYPE: RATE: Adult (18 years and over) ·🗆 \$65 Adult - Partner Association (Please provide copy of Current Member Card: For NFAA Members Only with USA Archery Coach Certification) ·**□** \$160 3 year Adult Youth (17 years and under) · 🗆 \$45 · 🗌 \$15 Youth (17 years and under - NFAA Member Only) (Member expiration is NFAA expiration date-Provide copy of NFAA Card) Collegiate (Please provide a copy of Current College ID)..... \$45 Family (Please provide additional family information on second page) · 🗆 \$130 3 year Family ·· 🗌 \$320 Lifetime (18 years to 55 years) ··**□** \$1800 Lifetime (56 years and over) --**⊡ \$900** reational nporary ·· 🗌 \$15 nporary (NFAA Member Only) **No FEE** ne of Event (Please include date and location) FAA Membership Number Exp. Date Archery is a 501©(3) non-profit organization. Contributions are tax deductible to the extent allowed by law. **YMENT:** Enclosed Check or Money Order (Payee: USA Archery) □ VISA □ MasterCard Discover **AMEX** (clearly print name) hereby authorize USA thery to charge this credit card in the amount of \$______ dit Card # biration Date: (MM/YY):______3 or 4 digit security code: _____ nature:

*Please note that the Release and Waiver located on page 2 must be completed before the membership form can be processed.

Please return to: USA Archery, 4065 Sinton Road, Suite 110, Colorado Springs, CO 80907 Fax: (719) 632-4733 Email: memberships@usarchery.org

FAMILY MEMBERSHIP:

* If applying for a family membership, please list ALL family members included in your USA Archery family membership.

* If more than four family members, please attach another document.

* Please note that each family member will have their own unique USER ID and password

	By applying for my (and/or my minor child's)
*First Name M.I *Last Name	("Activity") with the National Archery Association be subject to, bound by, and observe all applicable
*Birth date//	procedures, and any other applicable governing d Ethics of USA Archery which can be found at www
*U.S. Citizen? 🔲 Yes 🗌 No 🛛 If NO, Country of Citizenship	1. I UNDERSTAND that dangers may be cause the actions or inactions of others, while parti
* Email:	activities and acknowledge my (or my minor
	discontinue further participation in the Activit 2. I FULLY UNDERSTAND that: (a) USA Ard
*First Name M.I *Last Name	INJURY, INCLUDING PERMANENT DISA which such activities take place may involve and (c) there may be other risks and social a
*Birth date//	readily foreseeable at this time. I FULLY A SPOSIBILITY FOR LOSSES, DAMAGES, I
*U.S. Citizen? 🔲 Yes 🗌 No If NO, Country of Citizenship	 child's) participation in the Activity. 3. I HEREBY RELEASE, DISCHARGE, AN HARMLESS USA Archery and its administra
* Email:	
	claims, demands, losses, or damages on accouncelligence of the "Releasees" or otherwise,
	this Release, I, or anyone on my behalf, make DEMNIFY, SAVE AND HOLD HARMLE EXPENSES, ATTORNEY FEES, LOSS, LIA
*First Name M.I *Last Name	RESULT OF ANY SUCH CLAIM. I HAV TERMS, UNDERSTAND THAT I HAVE G
*Birth date//	RELEASE AND HAVE AGREED TO IT FR OF ANY NATURE INTENDING IT TO BE
*U.S. Citizen? 🗌 Yes 🗌 No If NO, Country of Citizenship	LIABILITY TO THE GREATEST EXTENI TION OF THIS RELEASE IS HELD TO BE CONTINUE IN FULL FORCE AND EFFEC
* Email:	By acknowledging the Waiver and Release and
	USA Archery.
*First Name M.I *Last Name	
*Birth date// 🔲 Male 🛛 Female	
*U.S. Citizen? 🗌 Yes 🗌 No 🛛 If NO, Country of Citizenship	Parent / Guardian Signature (If applicant is und
* Email:	
	I

USA Archery **Membership Terms and Conditions**

membership and the privilege of participation in any activity of the United States (also known as "USA Archery"), I agree to provisions of the Bylaws, rules, codes, regulations, policies and ocuments of USA Archery, including the Code of Conduct and usarchery.org, and any amendments thereto. In addition:

- d by me (or my minor child's) own actions or inactions, and by cipating in the Activity. I understand the nature USA Archery's child's) experience and capabilities in the sport, and believe I (or n such Activity. I further acknowledge that I am aware that the o the public during the Activity. I further agree and warrant that conditions to be unsafe, I (or my minor child) will immediately
- hery activities involve risks and dangers of SERIOUS BODILY BILITY, PARALYSIS AND DEATH ("Risks"); (b) the Risks in the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; nd economic loses not known to me (or my minor child) or not CCECPT AND ASSUME ALL SUCH RISKS AND ALL RE-NJURIES, AND COSTS incurred as a result of my or (my minor
- D CONVANENT NOT TO SUE, AND AGREE TO HOLD tors, directors, officers, volunteers, employees, agents, any organonsors, advertisers, and , if applicable, owner and lessors of premconsidered one of the "Releasees" herein) from all liabilities, int of or caused or alleged to be caused in whole or in part by the ncluding negligent rescue operations. I AGREE that if, despite a claim against one of the Releasees named above, I WILL IN-SS EACH OF THE RELEASEES FROM ANY LITIGATION BILITY, DAMAGE, OR COST ANY MAY INCURRE AS THE E READ THIS AGREEMENT. FULLY UNDERSTAND ITS IVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO THIS EELY AND WITHOUT ANY INDUCMENT OR ASSURANCE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL ALLOWED TO THE LAW. I AGREE THAT IF ANY POR-INVALID, THE BALANCE, NOTWITHSTANDING, SHALL

proceeding with my application, I am also agreeing to these 8) person in my family who will participate in any Activity of

er 18 years old):