WBH County Representative Application Form

Name_____ WBH Member # _____

Street_____ City _____

State_____ ZIP_____ County _____

Phone Home (_____)_____ Cell (_____)_____ Work (_____) _____

E-mail

List Local Archery Club Memberships:

_____

_____

List Local Sportsmen Club Memberships:

_____

_____

List Other Statewide Organizations:

_____

_____

List any offices held:

_____

_____

Relevant certifications: ___ Hunter Safety Instructor ___ Bow Safety Instructor ___ NASP

___ Other: _____

List Volunteer Experiences:

_____

_____

Mail form to **WBH PO Box 240 Clintonville WI 54929** or Fax form to 715-823-1385.

Feel free to copy this form for family members and friends!