09/8

WBH Membership Application

PO Box 240 • Clintonville, WI 54929 • (715) 823-4670 Fax (715) 823-1385
office@wisconsinbowhunters.org

As a WBH Member, I agree to:

Promote the sport of bowhunting and participate in that sport in a safe, legal, and ethical manner; educate the public regarding the value of bowhunting as a recreational opportunity and wildlife management tool; foster a relationship of respect, good sportsmanship, good fellowship and mutual respect within WBH and its members; and represent WBH at all times in a positive manner.

Name _____
(Please Print) First Middle Initial Last

Street _____

City_____State_____Zip _____

Phone__(_____)_____-_____County _____

E-mail

Birth Date mm/dd/yy ___ ___ / ___ ___ / ___ ___ (Optional - For Statistics Only)

Member # Renewal ?_____ New? _____ New address?_____

If this member does not wish to receive our publications check here _____

WBH Memberships...

Youth – Age 17 & Under	1 Year	10.00	$ _____
Youth Birthdate _____/_____/_____			
Individual	1 Year	20.00	$ _____
Individual	3 Year	50.00	$ _____
Individual	6 Year	100.00	$ _____
Individual	Lifetime*	500.00	$ _____
*Payable in 4 consecutive quarterly installments.			
Senior (62 yrs)	Lifetime	200.00	$ _____
Family**	1 Year	60.00	$ _____

**Available to all family members under the age of 18 living at the same address. Only one publication per family. Give first names and initials of members to be included on a separate sheet of paper.

TOTAL $_____

Charge to my credit card.... MC ____ VISA____ Discover____

CARD NUMBER EXPIRATION DATE

Membership will not become effective for 3 days if, submitted during hunting season, and not signed by another WBH member verifying current deer tag of applicant is unused.

Approved by_____ **Date**_____

Signature of WBH current member -- not your own.

For the purposes of the Membership Drive please note:

Sponsoring Member's name: _____

Sponsoring Member's WBH number:

"Preserving the History" *"Protecting the Future"*