

WBH Membership Application

17 East 3rd Street - PO Box 240, Clintonville WI 54929-0240

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

Name: _____
Please Print: First Middle Initial Last

Street: _____ Apt or Suite: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ County: _____

E-mail Address: _____

Birth Date: ____/____/____

Member Number: _____ New ____ Renewal ____

WBH Memberships Types:

Youth-age 17& under 1 Year 10.00 \$ _____
Youth Birthday ____/____/____

Individual 1 Year 25.00 \$ _____

Individual 3 Year 60.00 \$ _____

Individual 5 Year 100.00 \$ _____

Individual Lifetime **750.00 \$ _____

** Payable in 4 consecutive quarterly installments.

Senior (62 yrs.) Lifetime 300.00 \$ _____

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 the first names and initials of members to be included on a separate sheet of paper.

If you prefer to mail in your application, please fill out this form and send to the WBH office (address at top of page) along with your payment. Contact the WBH office if you have any questions. Thank You!