



TREMPEALEAU ARCHERS

MEMBERSHIP APPLICATION
PRINT OUT and mail to: Trempealeau Archery Club
24798 10th street
Trempealeau, WI 54661

Member Information

Name _____
Address _____
City _____ state _____ zip _____
E-mail address _____
Telephone _____ cell phone _____

If family membership please complete below:

Spouse name _____
Names/ages of children _____

Membership type

Single.....\$20.00

Family\$30.00

Make checks payable to :
Trempealeau Archery Club
24798 10th street
Trempealeau, WI 54661

WAIVER

I understand the risks associated with archery. I agree that I and any guests I bring to The Trempealeau Archers will abide by the course and building rules and will use the club facilities at our own risk.

Signature _____ date _____