



P.O. BOX 934, 800 PITTS POINT ROAD
SHEPHERDSVILLE, KY 40165

NAME: _____ PHONE # _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

NEW MEMBERSHIP _____ RENEWAL MEMBERSHIP _____

- _____ \$100.00 SINGLE MEMBERSHIP
- _____ \$125.00 FAMILY MEMBERSHIP
- _____ \$10.00 ASSOCIATE MEMBERSHIP (ANYONE UNDER AGE 18)
- _____ \$50.00 SENIOR MEMBERSHIP (62 OR OLDER)
- _____ \$50.00 ACTIVE MILITARY/ VETERAN MEMBERSHIP
- _____ \$75.00 ACTIVE MILITARY/ VETERAN FAMILY MEMBERSHIP
- _____ \$50.00 1ST RESPONDER SINGLE MEMBERSHIP
- _____ \$75.00 1ST RESPONDER FAMILY MEMBERSHIP
- _____ \$50.00 COLLEGE SCHOLARSHIP FOR ARCHERY RECIPIENT MEMBERSHIP

RENEWALS

Must have approval when using work credits

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- _____ \$50.00 SINGLE MEMBERSHIP RENEWAL
 - _____ \$75.00 FAMILY MEMBERSHIP RENEWAL
 - _____ \$50.00 - \$100 SINGLE MEMBERSHIP RENEWAL W / WORK CREDITS
 - _____ \$75.00 - \$125 FAMILY MEMBERSHIP RENEWAL W/ WORK CREDITS

OPTIONAL MEMBERSHIPS:

- _____ \$50.00 ASA SINGLE
- _____ \$70.00 ASA FAMILY
- _____ \$55.00 NFAA & KAA

I, _____ (SIGNATURE), AM AT LEAST 18 YEARS OLD AND DO HEREBY AGREE TO ABIDE BY ALL OF CHICKASAW ARCHERY CLUB'S RULES AND REGULATIONS. I AGREE TO MAINTAIN THE BUILDINGS AND GROUNDS AS I FIND THEM AND UNDERSTAND THAT FAILURE TO DO SO BY MYSELF, MY FAMILY, OR MY GUESTS ARE GROUNDS FOR REVOCATION OF MEMBERSHIP WITHOUT A REFUND OF DUES.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE CAC, ITS OFFICERS, AGENTS, ETC FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATING TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR TO ANY PROPERTY BELONGING TO ME, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASES, OR OTHERWISE WHILE PARTICIPATING ON THE PREMISES.

DATE: _____ WITNESS: _____