



# Heart of Maryland Bowhunters

## Membership Application

Name:

Date:

Address:

Phone #:

Email address:

**Heart of Maryland Bowhunters Inc. is committed to safe, ethical archery and the preservation of our future sport for the future generations. We are looking for members to support these goals.**

Please tell us about yourself:

Age:                      How long have you been shooting a bow                      year(s).

Preferred choice of bow:

Primary Shooting interest:

What other Sportsmen's clubs do you belong to:

Choose one:

If accepted, I agree to uphold the constitution and the by-laws of the Heart of Maryland Bowhunters Inc.

Print Name:

Signature:

Date:

Method of payment:

Total Paid:

Family members under 18 that will also be shooting: