



# BUCKSKIN BOWMEN

Post Office Box 403, Grafton, WI 53024

Applicant Name

Age    Address

Phone

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EMAIL Address:

Best time to call: **Useful Hobbies:**

Are you currently a member of Wisconsin Bowhunters:

No              Yes              If yes, WBH number:

## Dues Information:

Family Membership (working)	
Annual Dues	\$75
Initiation Fee	\$20
Wisconsin Bowhunters Assoc. Membership	\$25
<b>Total</b>	<b>\$120</b>

## Certification of Understanding for Working Memberships

I fully understand that I am required to provide a minimum of 12 hours work each year to the Club. These hours are prorated at 1 per month. The work year runs from January 1<sup>st</sup> through December 31<sup>st</sup>. If the work hour requirements are not fulfilled during any given year, I will be charged a rate of \$15 per hour not worked or I will be dropped from the Club's membership roster.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_