



BUCKSKIN BOWMEN

Post Office Box 403, Grafton, WI 53024

Applicant Name	Age	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
Total	\$120

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 1st through December 31st. 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: _____