

CALIFORNIA BOWMEN HUNTERS/STATE ARCHERY ASSOCIATION MEMBERSHIP APPLICATION

Please check one below;	Da	te:
"Associate Bowhunter"	Re	gion:
"Associate Target"	Ch	ıb:
Name (Head of Household):	Phone: ()	
Address:City:	Zip	:
Email Address-print very clear:		
Your newsletter will be emailed to you, in color, around the 15th	of the month.	
Adult Membership - Head of Household only	Amount \$4	<u>5.00</u>
or <u>Family</u> Membership - please list all members to receive membersh	nip cards <u>Amount \$5</u>	<u>5.00</u>
Spouse:		
Youth (under 18):	Birthdate:	
Youth (under 18):	Birthdate:	
Youth (under 18):	Birthdate:	
or		
<u>Youth</u> Without Parent or Guardian Name:	Birthdate:	<u>5.00</u>
Additional Contributions:		
\$ California Legislative Defense Fund \$ Cal	ifornia Hall of Fame \$ CBH/SAA	Range Fund
\$ California Archery Foundation (501-C3 tax deductible)	\$ Other	
Please make your check payable to CBH/SAA and mail to; CBH/SAA Secretary 7710 Camino Vista Shingletown, Ca. 96088	For more information, contact; Pam Severtson 530-356-7178 Email: mpsevertson@yahoo.com Website: www.cbhsaa.net	
You may also join online by visiting www.cbhsaa.net and click on	"Join CBH" tab.	
For credit/debit card payment, call 530-356-7178 or complete belo	ow and mail; Name on card:	
	ate:/ 3 digit code on back: 2	7

must pay the CBH/SAA membership fees as noted above.

A CBH/SAA membership allows you to compete in the State Broadhead, 3D Unmarked Championship, State 3D Marked & State Traditional.

Rev. 8/2024