

Deerslayer Bowman's Association Membership Application

\$25 Individual or Family Annually - Membership Year is from Sep 1 - Aug 31

Date	
New Member Y/N?	
First Name	
Last name	
Family Membership Y/N?	
Family Member Names	
Mailing Address	
City	
State	
Zipcode	
Home Phone	
Cell Phone (optional)	
Email Address (optional)	
IBO Member Y/N?	
Date of Birth	
Occupation (optional)	
I have received & read Deerslayer's By-Laws:	

**Deerslayer Bowman's Association
PO Box 1025**

Send to: **Oswego, NY 13126**

DBA USE	Date Card Issued :	
Only	By Whom?:	