

HAWAII ISLE ARCHERY CLUB LLC.
P O BOX 11385 HILO, HI 96721
Contact: Vice President Gavin Tanouye 808-960-5999

DATE PAID _____
_____ CASH
_____ CHECK#

MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: HI _____ ZIP: _____

Phone: _____ NFAA Member Y or N Membership# _____

Email: _____ (for club announcement only)

Annual Membership Fees (January 1st – December 31st)

___ Adult (18 yrs. & older) \$35.00

___ Youth (17 yrs. & under) \$20. 00

___ Family (list below) \$50.00

Please make checks payable to Hawaii Isle Archery Club LLC

	Name	Age of Minors
List family members:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Can you give the club a helping hand?

Please circle one or more if you would like to be a part of the best archery club in Hawaii

Registration Concessions Range Set-up Camps Special Events

The HIAC (Hawaii Isle Archery Club, it's officers, County of Hawaii and the State of Hawaii shall not be held responsible or liable, in any way, shape or form for any damages or injuries that may occur during any HIAC function.

Each member shall be responsible for their safety and care of themselves and their equipment. I also understand that the HIAC Board of Directors has the right to deny any application for membership. My signature below shows that I have read, understand and agree to the above statements. My signature also shows that as a member of HIAC, I will abide by the rules and regulations set forth by the HIAC Constitution and By-Laws.

Signature: _____

Date: _____

Print: Parent/Guardian's Name _____

Parent/Guardian's Signature _____

Date: _____