

MEMBERSHIP RENEWAL

Name: _____

Address: _____

City/Town: _____

Prov/State: _____ Country: _____

Postal Code: _____

Phone: _____ Fax: _____

New Membership Renewal

Email Address _____

Validation Year: _____

ADDITIONAL NAMES FAMILY MEMBERSHIP

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please enclose Membership Dues in the amount of
\$25 for a Single or \$45 for a Family.
\$99 for 5 Year Membership (Single)
\$180 for 5 Year Membership (Family)

Return with Cheque or Money Order to:

**Traditional Bowhunters
of British Columbia**

4331 Brookdale, Crescent, Courtenay BC, V9N 9R7