



LAKEHEAD ARCHERS INC.

Membership Renewal 2023/24

NAME: _____

MAILING ADDRESS: _____

City/Town

Postal Code

PHONE NUMBER: _____ EMAIL _____

Type of Membership
(circle one)

Youth<18
\$220/year

Adult
\$300/year

Family
\$420/year

Volunteer Hours/Discount Earned (please circle) No / Yes
(discount equivalent to \$70/youth, \$100/adult, or \$120/family)

Clubhouse/Gate Key (please circle/complete): No / Yes Key # _____

Payment Method _____
(please specify: *one cash payment or three equal cheque payments dated Sept. 1, Oct. 1, Nov. 1*)

Immediate Family Members (For Purposes of Family Membership Only – youth must be under 18 years old):

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

APPLICANT'S SIGNATURE _____

LAKEHEAD ARCHERS INC. _____

DATE _____

(*Annual Membership Term Sept. 1/23 – Aug. 31/24; OFAH membership is mandatory and included in fees unless member provides valid OFAH membership card)