

<input type="checkbox"/> Introduced to the A.T.B.A. By:	<i>Write members name here</i>	
<b>(Check One)</b>	<input type="checkbox"/> <b>New Member</b>	<input type="checkbox"/> <b>Renewal</b>
Last Name:	First Name:	
Address:	City / Town:	
Province:	Postal Code:	
Home Phone:	Cell Phone:	
Email Address:		
Gender: Check One → <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: DD / MM / YY	

## Fees Section

**For insurance purposes the A.T.B.A. Members are required to join the A.B.A.**

Select only one option below

A.T.B.A. Members Fees + ABA Members Fees				A.T.B.A. Members Fees with Pre-Paid ABA Membership			
(For those <b>without</b> current A.B.A Membership)				(For those <b>with</b> current A.B.A. Membership: No. _____)			
	1 YEAR	2 YEARS	3 YEARS		1 YEAR	2 YEARS	3 YEARS
Single	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	Single	<input type="checkbox"/> \$24	<input type="checkbox"/> \$48	<input type="checkbox"/> \$72
Family **	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	Family**	<input type="checkbox"/> \$48	<input type="checkbox"/> \$96	<input type="checkbox"/> \$144
Youth*	<input type="checkbox"/> \$35	<input type="checkbox"/> \$70	<input type="checkbox"/> \$105	Youth *	<input type="checkbox"/> \$14	<input type="checkbox"/> \$28	<input type="checkbox"/> \$42
* (Under 18 years of age as of the 1st of January on the last year of your term)				**(Min. 3 family members must join to qualify for family rate)			

## Additional Family Section

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	DD / MM / YY
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	DD / MM / YY
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	DD / MM / YY
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	DD / MM / YY
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	DD / MM / YY

## Payment Section

We now accept credit cards payments for memberships by a Square Credit Card reader.

**Mitchell Elser**  
Treasurer & Membership  
(403) 238-5989

or

**Mark Barber**  
President  
(403) 278-7900

Date: DD / MM / YY	<b>Alberta Traditional Bowhunters Association</b> <b>2928 Oakwood Drive SW,</b> <b>Calgary AB T2V 3Y3</b>
Total Fees Remitted: \$	
Signature:	
Please make cheque payable to: →	

## Additional Options Requested

Check here if you DO NOT want your name on a member distribution list.