

CHARTER DATE _____
 OTDR RANGE DATE _____
 BH RANGE _____
 INDOOR RANGE _____
 POSTED DATE _____
NFAA OFFICE USE ONLY

NFAA and State Club Charter Agreement

CASH _____
 CHECK _____
 MONEY ORDER _____
 TOTAL ENCLOSED _____
NFAA OFFICE USE ONLY

DATE APPLIED: _____

CLUB NAME: _____

CLUB LOCATION: _____

hereby applies to the NATIONAL FIELD ARCHERY ASSOCIATION and its STATE ASSOCIATION for active charter and affiliation.

Upon being chartered and affiliated with the NATIONAL FIELD ARCHERY ASSOCIATION and the STATE ASSOCIATION of _____ we hereby agree to support the principles of and abide by the rules, regulations, procedures and policies adopted by the NATIONAL FIELD ARCHERY ASSOCIATION and its STATE ASSOCIATION.

An archery club having a minimum of five (5) Head of Household members belonging to the NFAA may be chartered with the NFAA upon approval of the State Association and the NFAA Director.

PLEASE PRINT OR TYPE ALL INFORMATION
NEEDED BELOW:

LIST FIVE HEAD OF HOUSHOLD MEMBERS
IN YOUR CLUB THAT ARE CURRENT NFAA
MEMBERS: (Article XVIII, Section A, Para. 2)

Club President

Current Club Secretary

Mailing Address

City State Zip

Telephone No. () _____ - _____

The NFAA fee of \$25 and the State fee of \$varies – contact state or NFAA, for a Total Fee due of \$_____, must accompany this application. This form is to be completed in triplicate and mailed to your State Association Secretary. State Secretary and NFAA Director approval is required. If form is not properly submitted to NFAA, it will be returned to State Association Secretary.

APPROVED BY: _____
NFAA Director

APPROVED BY: _____
State Secretary

Before signing, please verify that the above 5 members are current members of NFAA and your state association.

DATE: ____/____/____

DATE: ____/____/____

NFAA COPY