2024 CCBA, Inc. MEMBERSHIP APPLICATION

I hereby make application for membership in the Collin County Bowhunters Association Inc. I will uphold and follow all rules and regulations of CCBA, Inc. understanding that the CCBA, Inc. reserves the right to cancel my membership and access rights for my or my families failure to do so. I understand that as a member I will have full use of the practice range year round without any additional fees. I also understand that I will get discounted tournament fees.

Membership Fee for Club Members for 2024 are \$75.00 for an individual or \$100.00 for a family (immediate family / children under 18 years of age who still reside in the household) or \$50.00 for full time military, police, firefighter or \$75.00 for military, police, fire fighter family (immediate family / children under 18 years of age who still reside in the household). Proof of full time military, police, firefighter must be provided along with this application.

Membership for 2024 will run from Jan. 1, 2024 through Dec. 31, 2024.

Date of Birth is required by our Insurance Company before membership can be approved.

<u>Insurance release form</u> must be filled out for <u>each</u> member of the family that will be on the range.

DOB Format: 00/00/0000

Full Name:			DOB	
Spouse Name:			DOB	
Please Provide Name	s and Date of Birt	h of All Children	Who Are to	Participate in
Club Events				
Name			DOB_	
Name			DOB	
Mailing Address City, State, Zip Mobile Phone		Other Phone		
E-Mail Address		······································		·····
Amount Paid: \$50 \$	\$100	(Cash)	(Check)	(PayPal)
Sign Digitally or Print Out a	and Sign			
Applicants Signature				

NOTE: A Separate Insurance Release Form required for each person

Email or Mail Application and Insurance release forms to:

membership@collincountybowhunters.org

CCBA, Inc. 3212 Pilgrim Drive Melissa, TX 75454