

## 2020 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. 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 2020 is **\$50.00 for an individual** and **\$70 for a family** (immediate family / children under 18 years of age who still reside in the household). Membership for 2020 will run from Jan. 1, 2020 through Dec. 31, 2020

Please **PRINT LEGIBLY** the following information. Date of Birth is required by our Insurance Company before membership can be approved.

**One Insurance release form** must be filled out for **each** member of the family that will be on the range.

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

Spouse Name: \_\_\_\_\_ DOB \_\_\_\_\_

Please Provide Names and Date of Birth of All Children Who Are to Participate in Club Events

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Amount Paid: **\$50 or \$70** (Cash) (Check) (PayPal)

Received By \_\_\_\_\_

Applicants Signature \_\_\_\_\_

**NOTE: A Separate Insurance Release Form required for each person**

Mail Application and Insurance release forms to:  
CCBA, Inc.  
P.O. Box 1332  
Princeton, Texas 75407