

RACINE INSTINCTIVE BOWMEN MEMBERSHIP APPLICATION

Name:		Date of Birth:
Current address:		
City:	State:	ZIP Code:
Phone:	E-Mail:	
TYPE of MEMBERSHIP DESIRED (Please circle one)		
	ANNUAL DUES**	ONE-TIME INITIAL FEES
Individual Adult (18+)	\$96 (includes WBH)	\$25-Application + \$5 card
Junior (12 – 17)	\$12	None
Cadet (Under 12)	No fees	None
Family	\$132 (includes WBH)	\$25-Application + \$5 card
Spouse name:		Birth Date:
Children's Names:		Birth Date:
Children's Names:		Birth Date:
Children's Names:		Birth Date:
Children's Names:		Birth Date:
FOR RIB USE:		
Application / Fee Received On:		Date:
Letter of Acceptance Sent:		Date:
Board Approval Date / Probationary Period Begins:		Date:
First-year dues Received (Pro-rated if necessary), Door Card Fee Received:		Date:
Probationary Period Ends / Senior Membership Begins:		Date:
Signature of applicant:		Date:
RIB SPONSOR NAME:		
Signature of sponsor:		Date:

**** NEW MEMBERS:** RIB's MEMBERSHIP YEAR RUNS SEPT 1st TO AUG 31st.
YOUR ANNUAL DUES WILL BE PRO-RATED DEPENDING ON MONTH YOUR MEMBERSHIP BEGINS.