

**INITIAL
WSAA STATE CLUB CHARTER**

CLUB NAME _____ DATE APPLIED _____

Thank you for your interest in becoming a Chartered Archery Club with the Washington State Archery Association (“WSAA”). Please remit State dues of \$20 (for new application) to the State Secretary (address below).

An archery club having a minimum of seven (7) adult members belonging to the WSAA may be chartered with the approval of the State President and State Secretary. Upon receipt of the approved renewal form and renewal fee, affiliation will be extended for an additional year. Failure to renew affiliation by the last day of the month in which the club charter expires shall result in the club being dropped from the active rolls of the WSAA.

“We hereby agree to continue to support the principles of and abide by the rules, regulations, procedures and policies adopted by the Washington State Archery Association.”

PLEASE PRINT OR TYPE ALL
INFORMATION NEEDED BELOW:

LIST SEVEN ADULT MEMBERS IN YOUR CLUB
THAT ARE CURRENT WSAA MEMBERS:

Club Name

1. _____

Club President

2. _____

Current Club Secretary

3. _____

Mailing Address

4. _____

City State Zip

5. _____

Telephone No. () _____ - _____

6. _____

Email Address

7. _____

Website Address

This form is to be completed in triplicate and mailed to your State Association Secretary.
Attach a list of ALL Club Members

APPROVED BY: _____

APPROVED BY: _____

State President

State Secretary

DATE: _____

DATE: _____

Mail to: WSAA SECRETARY
PO Box 75
JOYCE, WA 98343-0075