

**RENEWAL  
WSAA STATE CLUB CHARTER**

CLUB NAME \_\_\_\_\_ DATE APPLIED \_\_\_\_\_

POC NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

Your club charter with the Washington State Archery Association (“WSAA”) expires \_\_\_\_\_ . Please remit State dues of \$15 to your State Secretary. (Date)

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 President

\_\_\_\_\_

\_\_\_\_\_  
Current Club Secretary

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

\_\_\_\_\_

This form is to be completed in triplicate and mailed to your State Association Secretary.

APPROVED BY:

APPROVED BY:

\_\_\_\_\_  
State President

\_\_\_\_\_  
State Secretary

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

Mail to: WSA SECRETARY      VICKI MORGAN, PO BOX 75, JOYCE WA 98343