



MEMBERSHIP APPLICATION

_____ NEW MEMBERSHIP _____ RENEWAL

_____ ONE YEAR - INDIVIDUAL \$10
_____ ONE YEAR - FAMILY \$25

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Work#: _____ Cell#: _____

DOB: _____

Family Members:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Please return your application and check payable to STA to: Southern Traditional Archery Association
P. O. Box 1838
Starkville, MS 39760

Please note: Membership is not final until approved as outlined in Section 3 under Article IV of the constitution and bylaws.

For Club Use Only:

Member card issued _____
(date sent)