

## Oregon Bow Hunters, Inc. Membership Application

Date:	New Member: [ ] Renewal: [ ]			
Name:		Phone:		
Address:				
City:		State:	Zip:	
Additional Family Members Please state Name, Age and Date of Birth if under 18 years old				
Name:		Age	Date of Birt	<u>h</u>
[ ] check here if additional members are listed on the back of this application. (\$2 each)				
OBH Sponsor: Club Affiliation:				
S 30.00   Individual Oregon Bow Hunter Membership (includes OBH Publication)				
	Jacket Sizes are Si	mall to XL, XXL and lar	nay be made for an additiger are an additional <u>\$20</u> and an additional <u>\$20</u> and an and and and and and and and and a	.00
Enclosed i	is my remittance of \$ Bank:	5 payable	e to: Oregon Bowhunte	ers, Inc. <u>or</u>
Credit card:         Credit Card #:				
Expiration Date:				
615 Sui	egon Bow Hunters, Inc 535 So. Highway 97 ite 5-307 nd, Oregon 97702	Applicant Signature:		Pay 3-07-16