



# Indiana Field Archery Association

## Indiana Membership for USA Archers Only

### Membership Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_  MALE  FEMALE USA Membership # \_\_\_\_\_ USA Membership Expiration Date \_\_\_\_\_

#### For Additional Family Members:

Additional Family Member Name \_\_\_\_\_  
DOB \_\_\_\_\_  MALE  FEMALE USA Membership # \_\_\_\_\_ USA Membership Expiration Date \_\_\_\_\_

Additional Family Member Name \_\_\_\_\_  
DOB \_\_\_\_\_  MALE  FEMALE USA Membership # \_\_\_\_\_ USA Membership Expiration Date \_\_\_\_\_

Additional Family Member Name \_\_\_\_\_  
DOB \_\_\_\_\_  MALE  FEMALE USA Membership # \_\_\_\_\_ USA Membership Expiration Date \_\_\_\_\_

Additional Family Member Name \_\_\_\_\_  
DOB \_\_\_\_\_  MALE  FEMALE USA Membership # \_\_\_\_\_ USA Membership Expiration Date \_\_\_\_\_

Additional Family Member Name \_\_\_\_\_  
DOB \_\_\_\_\_  MALE  FEMALE USA Membership # \_\_\_\_\_ USA Membership Expiration Date \_\_\_\_\_

### INDIANA ONLY MEMBERSHIP PRICING

Single Membership \$20.00       2 Person Membership \$30.00       3 or More Person \$35.00

### PAYMENT INFORMATION

Payment Type:  Cash  Check/Money Order# \_\_\_\_\_  Credit Card (fill out information below)

Name as Displayed on Card: \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

By Signing below, you authorize the IFAA to charge your credit card for the total membership cost stated above plus the additional transaction fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_