

MICHIGAN BOW HUNTERS
AFFILIATED CLUB APPLICATION & RENEWAL FORM

Club Name _____

Mailing Address _____

City _____ ZIP _____

Club Web or Email Address _____

Club Location _____

Regular Meeting Date ___/___/___ Number of Members _____

Club's Primary Interests _____

President _____ Phone ___ - ___ - _____

*MBH Contact/Rep _____ Phone ___ - ___ - _____

*Address _____ City _____ Zip _____

*Email Address _____

Club Liability Insurer _____

We agree to join with the Michigan Bow Hunters Association and other MBH Affiliated Clubs in a spirit of cooperation to promote and protect bowhunting and to support conservation of our natural resources. We further agree to immediately inform our membership of any notices or bulletins received from MBH.

Check One: Non-Profit ___ Business ___ Federal ID No. _____

Fee: \$50/5years non profit - \$100/5years business. Enclosed \$ _____

Signed _____ Title _____

Date: ___/___/___

* Person who will correspond with MBH Affiliated Club Director.

Return completed application and check (payable to Michigan Bow Hunters) to MBH Affiliated Club Director: **Jerry Keck, 2320 Harmon Lake Rd., Mayville, MI 48744**