

# 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 nonprofit - \$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: Lance DeVoght, 24894 Rosalind Ave., Eastpointe, MI 48021