MINNESOTA STATE ARCHERY ASSOCIATION

**FIELD – TARGET – FLIGHT – BOWHUNTING – ALL ARCHERY**

# CLUB CHARTER APPLICATION

DATE APPLIED: _____

CLUB NAME: _____

CLUB LOCATION: _____

CLUB MAILING ADDRESS: _____

Hereby applies to the Minnesota State Archery Association for active charter and affiliation.

Upon being chartered and affiliated with the Minnesota State Archery Association we hereby agree to support the principles of and abide by the rules, regulations, procedures, and policies adopted by the Minnesota State Archery Association.

An archery club having all of its officers and at least 50% of its members may be granted affiliation in the MSAA.

PLEASE PRINT OR TYPE ALL INFORMATION NEEDED BELOW:

| | |
|---|---|
| Current Club President | Club Secretary |
| Address | Address |
| City State Zip | City State Zip |
| Telephone no. ( ) _____- _____ | ( ) _____- _____ |
| Email: | Email: |

Completed this application and mail to the MSAA Secretary. The MSAA renewal fee of $15.00 must accompany this application.

APPROVED BY: _____ DATE: _____