

2019 MEMBERSHIP RENEWAL

WCW, Inc., 1031 - 228th SW, Bothell, WA 98021



Primary Member/Single Information

Please fill in all blanks

Name	<input type="text"/>	Member Nr	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZipCode	<input type="text"/>
Telephone	<input type="text"/>	E-mail	<input type="text"/>
Occupation	<input type="text"/>	Date of Birth	<input type="text"/>
NRA Number	<input type="text"/>	NRA Life member?	<input type="checkbox"/>

Rate Interest
(use 1,2,3,4)

Archery

Shotgun

Rifle

Pistol

Family Membership Information

For a Family Membership (Spouse/Partner and children under 21 yrs old) complete below:

Spouse NRA Number

Minor Dependent Children:

Name	<input type="text"/>	Age	<input type="text"/>	Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>	Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>	Name	<input type="text"/>	Age	<input type="text"/>

Includes Washington State sales tax as directed by the Department of Revenue

Dues: Single Membership **\$209.06** Family Membership **\$261.33**

Dues \$

Seniors over 65 years old and a member for the last 5 years can pay 1/2 current dues.

Donation (not tax deductible):

I have not been able to volunteer at the club as much as I would like due to my busy schedule, however I would like to donate a little additional to help hire the work done.

Donation \$

Total Enclosed \$

Waiver of Liability

I have read, understand and agree to follow the posted safety rules, and understand the dangers associated with the use of firearms and archery equipment which could include death, personal injury and property damage. In consideration for being permitted use of the facilities and entry to the premises, and on behalf of my family, estate, heirs and assigns, I assume all risk of death, personal injury and property damage and I hold harmless the Wildlife Committee of Washington, its officers, directors, members, agents, and employees from all claims of action, or liability of any kind.

Signed _____ Date _____

Please Note: if the above data is unreadable or missing, your card(s) will be delayed.

