



## Membership Application Mooseheart Outdoor Shooting

**MOOSEHEART FEES:** Single Membership.....\$30

\*Fee can be paid at [www.auroralandarchers.org](http://www.auroralandarchers.org) via Paypal

Please ensure you list all people who will be shooting at Mooseheart on this form. All children under 18 years of age must be accompanied by a parent who must also be listed on this form.

By signing this form you also agree to the Mooseheart Rules and Regulations that is attached via email. Your email reply denotes your agreement with those rules and regulations.

Once this application is received with Mooseheart acknowledgement and payment, you will be issued a unique Mooseheart Only shooting pass via email.

**Applicant Information:** Information contained on this form will not be shared outside of the Auroraland Archers Board of Directors and is used specifically for legal purposes and club activities only. ALA will not sell or divulge your information without your consent.

**PLEASE COMPLETE ALL ENTRIES**

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Phone \_\_\_\_\_
- Email Address \_\_\_\_\_
- Type of Membership (circle one)    NEW INDIVIDUAL    NEW FAMILY
- Family memberships please list family members here. Use back of this application if necessary. Please limit to spouse and children under 21 in the same household. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Amount included with application \$ \_\_\_\_\_ - Please do not send cash – Check here if paying online \_\_\_\_\_
- **Signature of Applicant** \_\_\_\_\_      **Date of application** \_\_\_\_\_

Make Check or Money Order payable to: **Auroraland Archers**    Send application with payment to: **Auroraland Archers Membership**  
**P.O. Box 41**  
**Batavia, IL 60510-0041**

Thank you for choosing Auroraland Archers  
Visit [www.auroralandarchers.org](http://www.auroralandarchers.org) for more information