



Membership Application

Year _____

Introduced to the ATBA By: _____

Registration Type: New Member Renewal

Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Phone: _____ Birthday^(mmm/dd/yyyy): _____

Email: _____

For insurance purposes, ATBA members are required to join the Alberta Bowhunters Association (ABA)

ATBA Member Fees + ABA Member Fees

or

ATBA Member Fees with Pre-Paid ABA Membership

(For those without a current ABA Membership)

(For those with a current ABA membership: No: _____)

	1 Year	2 Year	3 Year
Single <input type="checkbox"/>	\$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Family* <input type="checkbox"/>	\$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Youth** <input type="checkbox"/>	\$35	<input type="checkbox"/> \$70	<input type="checkbox"/> \$105

	1 Year	2 Year	3 Year
Single <input type="checkbox"/>	\$24	<input type="checkbox"/> \$48	<input type="checkbox"/> \$72
Family* <input type="checkbox"/>	\$48	<input type="checkbox"/> \$96	<input type="checkbox"/> \$144
Youth** <input type="checkbox"/>	\$14	<input type="checkbox"/> \$28	<input type="checkbox"/> \$42

*Minimum 3 family members must join to qualify for family rate

**Under 18 years of age as of January 1st on the last year of your term

Additional Family Members Information

Name: _____	Birthday ^(mmm/dd/yyyy) : _____
Name: _____	Birthday ^(mmm/dd/yyyy) : _____
Name: _____	Birthday ^(mmm/dd/yyyy) : _____
Name: _____	Birthday ^(mmm/dd/yyyy) : _____
Name: _____	Birthday ^(mmm/dd/yyyy) : _____

Payment Options

Please make cheques & money orders payable to:

Alberta Traditional Bowhunters Association
2928 Oakwood Drive SW
Calgary, AB T2V 3Y3

Cheque

Money Order

Cash

Credit Card*

*For credit card processing, please email membership@albertatraditionalbowhunters.ca

Total Fees Remitted: _____

Signature: _____

Date: _____

I do not want to receive membership updates via email