

MEMBERSHIP INFO FORM

Mail to: Lost Arrow (c/o Janine Hartman)- 1500 Deerfield S, Dalton, OH 44618 DATE: _____

NAME: _____ SPOUSE: _____

CHILDREN'S NAMES & AGES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOW WOULD YOU PREFER TO RECEIVE YOUR NEWSLETTERS? REG MAIL _____ EMAIL _____

EMAIL ADDRESS: _____

CELL PHONE# _____ HOME# _____

EMERGENCY CONTACT : (Name&Ph.) _____

NEW ~ \$40. _____ RENEWAL ~ \$20. _____ RETIRED (In Good Standing)\$00. _____ RANGE PASS # _____

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