

# *Ohio Society of Traditional Archers*

Card \_\_\_\_\_

Year Patch \_\_\_\_\_

OSTA Patch \_\_\_\_\_

# \_\_\_\_\_

## **Membership / Renewal Application**

**Please accept my application for membership in the Ohio Society of Traditional Archers. I agree to abide by the rules of the organization. I also understand that all memberships expire on December 31 of the current year.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ New \_\_\_\_\_ Renewal  
**\$25.00 a year per membership**

Please print and fill out completely:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**County:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Please list all immediate family members:** \_\_\_\_\_

I would like to help in the following areas:

<input type="checkbox"/> Novelties	<input type="checkbox"/> Fund Raising/Promo Items	<input type="checkbox"/> Registration
<input type="checkbox"/> Door Prizes/Raffles	<input type="checkbox"/> Trophy Committee	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Shoot Preparation	<input type="checkbox"/> Advertising/Promotion	<input type="checkbox"/> "Protect What's Right"

**Please check one or more. Your assistance is needed and most appreciated.**

**Make checks payable to OSTA and mail to:**

**OSTA  
6990 Peters Road  
Tipp City, OH 45371**

**For more information on OSTA, call Jamie Miller, President, (614) 783-7873  
or e-mail [Bowmiller@earthlink.net](mailto:Bowmiller@earthlink.net)**