

CHARTER DATE: \_\_\_\_\_  
 OTDR RANGE DATE: \_\_\_\_\_  
 BH RANGE: \_\_\_\_\_  
 INDOOR RANGE: \_\_\_\_\_  
 POSTED DATED: \_\_\_\_\_  
**OFFICE USE ONLY**

## RENEWAL NFAA and State Club Charter

CASH: \_\_\_\_\_  
 CHECK: \_\_\_\_\_  
 MONEY ORDER: \_\_\_\_\_  
 TOTAL ENCLOSED: \_\_\_\_\_  
**OFFICE USE ONLY**

DATE APPLIED: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

CLUB LOCATION: \_\_\_\_\_

Your club charter with the NFAA and State affiliation with the State of \_\_\_\_\_ will expire \_\_\_\_\_. Please remit State dues of \$\_\_\_\_\_ and \$30 for the NFAA for a TOTAL fee due of \$\_\_\_\_\_.

An archery club having a minimum of five (5) Head of Household members belonging to the NFAA may be chartered with the NFAA upon approval of the State Association and the NFAA Director. Upon receipt of the approved renewal form and renewal fee at NFAA Headquarters, affiliation will be extended for an additional year. Failure to renew affiliation by the last day of the month in which the club charter expires, shall result in the club being dropped from the active rolls of NFAA.

This club affiliation entitles your club to use one year registration of all field, hunter, and international round tournaments conducted on your NFAA AND STATE APPROVED RANGE.

“We hereby agree to continue to support the principles of and abide by the rules, regulations, procedures and policies adopted by the National Field Archery Association and the State Archery Association.”

PLEASE PRINT OR TYPE ALL INFORMATION  
 NEEDED BELOW:

LIST FIVE HEAD OF HOUSEHOLD MEMBERS  
 IN YOUR CLUB THAT ARE CURRENT NFAA  
 MEMBERS: (Article XVII, Section A, Para. 2)  
 Names Exp. Date

\_\_\_\_\_  
 Club President

\_\_\_\_\_

\_\_\_\_\_  
 Current Club Secretary

\_\_\_\_\_

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_

\_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Make check payable to NFAA and mail with this form to your State Association Secretary. NFAA Director and State Secretary approval is required. If form is not properly submitted, it will be returned to State Association Secretary.

APPROVED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

\_\_\_\_\_  
 NFAA Director

\_\_\_\_\_  
 State Secretary

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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PLEASE PRINT OR TYPE ALL INFORMATION NEEDED BELOW:

LIST FIVE HEAD OF HOUSEHOLD MEMBERS IN YOUR CLUB THAT ARE CURRENT NFAA MEMBERS: (Article XVII, Section A, Para. 2)  
 Names Exp. Date

Club President \_\_\_\_\_

\_\_\_\_\_

Current Club Secretary \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

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APPROVED BY: \_\_\_\_\_  
 NFAA Director

APPROVED BY: \_\_\_\_\_  
 State Secretary

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 NEEDED BELOW:

LIST FIVE HEAD OF HOUSEHOLD MEMBERS  
 IN YOUR CLUB THAT ARE CURRENT NFAA  
 MEMBERS: (Article XVII, Section A, Para. 2)  
 Names Exp. Date

\_\_\_\_\_  
 Club President

\_\_\_\_\_

\_\_\_\_\_  
 Current Club Secretary

\_\_\_\_\_

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_

\_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

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\_\_\_\_\_  
 NFAA Director

\_\_\_\_\_  
 State Secretary

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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