



NEW CLUB REGISTRATION & REMITTANCE

(Complete front and back of form)

1301 Shiloh Rd, Ste 720, Kennesaw, GA 30144
(770) 795-0232

Club Name: _____ ASA Club ID: _____
(Filled in by ASA office)

Primary Contact: _____

Contact Phone: _____ Fax: _____

E-Mail Address: _____

Club Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Range Location /Address: _____

City: _____ State: _____ Zip: _____

Check all that apply: Owned by Club ☐ Rented/Leased ☐ Indoor ☐ Outdoor ☐

Number of Acres: _____ Number of Targets: _____

Broadhead sight-in target: Yes [☐] No [☐]

Raised Platform Yes [☐] No [☐]

Description: _____

Total Members in Your Club _____

Continue on back

Email forms to: jenny@asaarchery.com

Mail forms to: 1301 Shiloh Rd Ste 720, Kennesaw, GA 30144

ASA CLUB REMITTANCE**Club ID:** _____**ASA Use Only:**

Date Received: _____

Total Certificates: _____

Notes: _____

INSTRUCTIONS:

- To upgrade Individual Memberships to Family Memberships in the initial ten members add \$20.00
- For Individual Memberships over the 10-member minimum add \$50.00
- For Family Memberships over the 10-member minimum add \$70.00
- To list Landowners the fee is \$25 per Landowner
- For each Associate Member add \$20.00
- For each Scholastic member add \$20.00
- Family Secondary Lifetime Members are not eligible to meet the ten (10) member minimum
- If Primary Lifetime Members or Pre-paid members are counted to achieve the ten (10) member minimum, subtract \$50.00 from the \$500.00 due for each one. DO NOT SUBTRACT if you are paying for ten (10) or more regular memberships.

CALCULATIONS:**ASA Club Administration fee**\$ 150.00**Ten (10) ASA Memberships**\$ 500.00

Landowners

_____ x \$25.00

\$ _____

Family Memberships in the 10-member minimum

_____ x \$20.00

\$ _____

Individual Memberships over 10-member minimum

_____ x \$50.00

\$ _____

Family Membership over 10-member minimum

_____ x \$70.00

\$ _____

Associate Club Members

_____ x \$20.00

\$ _____

Scholastic Membership

_____ x \$20.00

\$ _____

SUBTOTAL**\$****Credit: Primary Lifetime & Pre-Paid in 10 members**

_____ x \$50.00

(\$ _____) subtract

PARTIAL PAYMENTS WILL NOT BE ACCEPTED**TOTAL DUE ASA \$** _____

The information provided is certified to be true and correct and may be relied upon for the purposes of issuing insurance coverage for the club, members, and landowners as disclosed herein. In addition, our club acknowledges and will comply with the ASA CLUB RANGE GUIDELINES, SAFETY PROCEDURES and ASA Rules of Competition.

Date: _____

Authorized Club Signature _____

PAYMENT METHOD: ☐ Check / Money Order # _____ ☐ Credit Card (fill out below)

Credit Card #: _____ Exp. Date: _____ / _____ CVV# _____

Card Holder Name: _____

Address: _____

City: _____ State: _____ Zip: _____