



## 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](mailto: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 \$25.00 per Landowner
- For each Associate Member add \$20.00
- For each Scholastic member (**ages 6-17 in as high as Young Adult class**) 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: \_\_\_\_\_